Behavioral Health Services
and
Arizona State Hospital

ANNUAL REPORT
FISCAL YEAR 1995

Submitted in Compliance with
A.R.S. §§ 36-3405 and 36-209(e)

Arizona Department of Health Services

~Leadership for a Healthy Arizona~

Behavioral Health Services
and
Arizona State Hospital

ANNUAL REPORT
FISCAL YEAR 1995

Fife Symington, Governor

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FIFE SYMINGTON, GOVERNOR
JACK DILLENBERG, D.D.S., M.P.H., DIRECTOR

June 21, 1996

The Honorable Fife Symington
Governor
State of Arizona
1700 W. Washington
Phoenix, AZ 85007

Dear Governor Symington:

I am pleased to present the Annual Report for Arizona Department of Health Services/ Behavioral Health Services and The Arizona State Hospital for Fiscal Year 1995. This report is prepared in accordance with A.R.S. 36-3405 and 36-209(E). The report combines the annual reports for Behavioral Health Services and the Arizona State Hospital and reflects the activities of various components of these service areas.

I pledge our continued efforts toward a system which provides quality behavioral health services to those in need and which is accountable to the citizens of this State.

Sincerely,

Jack Dillenberg, D.D.S., M.P.H.
Director

JD/TR:bm

ARIZONA DEPARTMENT OF HEALTH SERVICES

BEHAVIORAL HEALTH SERVICES AND

ARIZONA STATE HOSPITAL

ANNUAL REPORT - FY 1995

TABLE OF CONTENTS

	Page
Introduction	1
History of Behavioral Health Services Delivery System	2
Description of the Behavioral Health Services Delivery System	2
Organizational Structure	3-4
Behavioral Health Services Accomplishments, FY 1995	5-19
Southern Arizona Mental Health Center	19-20
What is on the Horizon for Behavioral Health Services	21
Arizona State Hospital Annual Report	23-44
Overview by the Chief Executive Officer/Superintendent	24
Hospital Organizational Structure	26
Patient Programs and Treatment Units	31
Patient Demographics and Statistical Summation	35
Major Accomplishments	41
Future Outlook for the Hospital	44

APPENDICES

Organizational Chart	A
Map of Geographic Service Areas	B
Clients Served by Service Area, FY 1995	C
Revenues and Expenditures by Service Area, FY 1995	D

The mission of the Arizona Department of Health Services is to assure the physical and behavioral health of all Arizonans through education, intervention, prevention, delivery of services, and the advancement of public policies that address current and emerging health issues in a manner that demonstrates our efficiency, effectiveness, integrity and leadership.

INTRODUCTION

The Arizona Department of Health Services, Behavioral Health Services (ADHS/BHS) continues to focus its efforts and energies toward providing leadership in activities designed to more effectively meet the needs of Arizona. Arizona is a leader in the public sector behavioral health field in its managed care approach to service delivery. ADHS/BHS is committed to delivering quality, cost-effective services, effectively managing the care as well as the costs. The behavioral health service delivery system envisioned for the future is one in which a fully developed and integrated continuum of care is available in urban and rural areas. This comprehensive array of services will be community based, culturally sensitive, family focused, and will build on the strengths of the client, bringing about the greatest degree of habilitation possible in a timely manner.

ADHS/BHS has embarked upon a strategic planning process designed to guide us into the next century as we continue to meet new challenges. To guide us in this process, we have developed a vision and a mission statement:

VISION FOR THE BEHAVIORAL HEALTH SYSTEM

We envision an accountable and accessible behavioral health system. This system provides for responsive, comprehensive, community-based services tailored to the individual, family, community and culture. It does this to promote healthy development and to provide effective prevention, evaluation, treatment and intervention services to people in need who would otherwise go unserved, so that people are empowered and can lead responsible, productive, meaningful lives. It reduces the costs to society from behavioral health problems and improves quality of life for the people we serve and for society.

MISSION STATEMENT

The mission of Behavioral Health Services is to continually improve the effectiveness and efficiency of a comprehensive system of behavioral health care in order to meet the needs of the people of Arizona.

To accomplish our mission, we are committed to the following guiding principles:

- Individuals have a right to be treated with dignity and respect.
- Individuals have a right to a voice in what happens to, for and with them and an opportunity to actively participate in their care.

- Services are designed to be responsive to the needs of the individual persons served.

- Services should be sensitive and responsive to cultural differences and to special needs concerning ethnicity, religion, national origin, sex, disability, economic condition, lifestyle, age or any other socio-economic characteristics.

- Services should be measurable and outcome oriented. Services should be prioritized and delivered in the most cost-effective manner to achieve the maximum benefit for individuals.

- BHS is responsible and accountable to its funding sources, the taxpayers, and the people it serves.

HISTORY OF BEHAVIORAL HEALTH SERVICES

The Arizona Department of Health Services is the State agency responsible for public health education, prevention and treatment. ADHS is comprised of six major service areas which report to the Director of the Department. Behavioral Health Services is the largest of these service areas, both in number of staff and size of budget. The BHS budget constitutes approximately 75 percent of ADHS' total budget.

Behavioral Health Services was recreated within ADHS by Arizona Revised Statutes 36-3402 et. seq., effective August 13, 1986. The intent of the Arizona Legislature was to create permanent authority for behavioral health and to express a commitment to the importance of behavioral health services in Arizona. BHS serves as the single state authority to provide coordination, planning, administration, regulation and monitoring of all facets of the state public behavioral health system. The service area has primary responsibility for administering a system of behavioral health care which is responsive, individualized, cost efficient, culturally sensitive and equally accessible.

DESCRIPTION OF THE BEHAVIORAL HEALTH SERVICE DELIVERY SYSTEM

The external structure of the behavioral health service delivery system is divided into six geographic regions designed to promote a service system which is responsive to and reflective of the unique needs of that local area of the State and its population. Behavioral health service delivery in Arizona has been decentralized for a number of years. Section 36-3410 of Arizona Revised Statutes authorizes ADHS/BHS to contract with intermediary organizations, known as Regional Behavioral Health Authorities (RBHAs), to administer behavioral health services in the State. These RBHAs are private, non-profit organizations, and function in a similar fashion to a health maintenance organization (HMO). See Appendix B for a map of the geographic service areas.

RBHAs are responsible for assessing the service needs in their region and developing a plan to meet those needs. They contract with a network of more than 350 service providers to deliver a full range of behavioral health care services, including prevention programs for adults and children, and a full continuum of services for adults with substance abuse and general mental health disorders, adults with serious mental illness, and children with serious emotional disturbance.

RBHAs contract for or deliver Title XIX Medicaid services based upon a capitated payment methodology. They are also responsible for managing all other non-Medicaid resources based upon fixed price contracts.

In addition to the RBHA system, BHS has developed several options for the delivery of behavioral health services to American Indians, both on and off the reservation. American Indians who live off the reservation may access services through the RBHA system in the same manner as any other Arizona resident. For American Indians who live on a reservation, the Tribe has the option of: (a) entering into an Intergovernmental Agreement with ADHS to deliver behavioral health services on the reservation, with the reservation acting as its own RBHA; (b) contracting with the local RBHA to provide services; or (c) allowing on-reservation Tribal members to obtain behavioral health services either through Indian Health Service, or going off reservation to receive services.

ORGANIZATIONAL STRUCTURE OF BEHAVIORAL HEALTH SERVICES

The Associate Director and Assistant Director provide leadership and direction in accomplishing the mission of BHS. An Organizational Chart is included in Appendix A. An effective management team incorporated the following functions:

<u>Fiscal Management</u> - The Office of Administrative Support Services provides oversight and coordination of BHS financial and operational functions to ensure efficient, effective, and accountable operations in accordance with federal and state laws and regulations and Department policies. Functions include fiscal monitoring and budget, provider services, procurement and personnel services. This Office has provided leadership in the development of financial standards to assure a healthy balance of the fiscal viability of the system and the needs of the clients it serves.

<u>Planning</u> - The Office of Planning has responsibility for establishing strategic vision and direction for publicly funded behavioral health services in Arizona. The BHS planning process incorporates planning which occurs at all levels of the system and ensures the involvement of all stakeholders in the process. BHS formalizes input into its planning through three advisory councils, and through regional public planning meetings. The BHS budget request process is an integral component of planning, as required by the State's Budget Reform Act. The planning process includes the production of a three-year plan, with annual reviews and reports of progress.

Program Development - the **Offices of Community Behavioral Health** are responsible for program development and technical assistance to the RBHAs and the provider community within each program area. The program offices include: **Office for the Seriously Mentally Ill; Office of Children's Services; Office of Substance Abuse and General Mental Health; Office of Prevention and Domestic Violence.** These offices provide leadership in establishing standards of performance and outcome indicators.

Clinical Oversight - the **Office of the Medical Director** provides clinical oversight in the provision of behavioral health services through the establishment of practice guidelines, working closely with the Medical Directors of the RBHAs. The Medical Director also coordinates with the Medical Director of AHCCCS and with AHCCCS Health Plans for the joint management of clients' physical and behavioral health needs.

Quality Management - the **Office of Managed Care and Quality Assurance** assumes responsibility for quality assessment and continuous quality improvement, utilization review and risk management. The Manager and staff of this office chair statewide monthly meetings of RBHA QM Coordinators to recommend, review and implement standards of care and practice guidelines.

BHS has established a structure for monitoring the RBHA system. The responsibility for coordinating the monitoring function resides in the Office of Managed Care and Quality Assurance. The monitoring program incorporates quality concepts and decision support systems to measure the programs and services delivered through ADHS/BHS and the RBHAs. Fundamental to the program are the three RBHA Monitoring Teams. Each team is composed of BHS staff which represent all of the functional areas within BHS. This allows the teams to assess the monitoring variables from a truly cross-functional perspective. Each monitoring team is assigned to work with two Geographic Service Areas.

Management Information Systems the **Behavioral Health Applications Team of Information Technology Services** provides automation support to BHS and its business goals. Their primary function is to develop and maintain the Client Information System (CIS) application and database. This system tracks clients receiving behavioral health services in Arizona. The main functions of the system are:

- Client intake/registration
- AHCCCS interface (reporting of Title XIX clients and services
- Client service tracking
- Fund tracking and reporting
- Ad hoc reporting/BHS management reporting
- External agency reporting
- RBHA data download interface

As ADHS/BHS moves further toward integration of data systems, additional opportunities for the continued enhancement of analysis and reporting capabilities will be identified, permitting a wide range of specialized monitoring research and projects by ADHS/BHS.

In addition to the support of the CIS system, the ITS team develops PC stand alone applications to support business needs within various BHS offices.

Resolution of disputes - the Office of Grievances and Appeals maintains a grievance system which provides for an administrative resolution of disputes for members, subcontractors, providers or non-contracting providers in accordance with state and federal regulations, statutes and standards. In addition to the grievance system, BHS has designated specific staff members to act as ombudspersons, advocating to resolve problems or issues raised by members or providers. The Office of Grievance and Appeals is responsible for the development of policies and procedures, management and implementation of the grievance system within BHS and monitoring at the RBHAs.

Arizona State Hospital and the Southern Arizona Mental Health Center - BHS is also responsible for the operations of the Arizona State Hospital and Southern Arizona Mental Health Center. The operation of the Southern Arizona Mental Health Center is described later in this report. In addition, the Annual Report of the Arizona State Hospital is contained as a separate report in this document.

BEHAVIORAL HEALTH SERVICES ACCOMPLISHMENTS, State Fiscal Year 1995

State Fiscal Year 1995 saw BHS achieve a number of important objectives as it moved forward in its implementation of a capitated, managed care system of service delivery. As of 7/1/95 a total of 110,531 clients received behavioral health services during this reporting period. Information regarding the number of clients served and services delivered is found in Appendix C.

The following is a review of accomplishments:

ADHS/AHCCCS INTERGOVERNMENTAL AGREEMENT

ADHS executed a new Intergovernmental Agreement with AHCCCS for the provision of all covered behavioral health services for Title XIX members. The changes in the IGA reflect the significant progress made by BHS in implementing Title XIX, and the efforts on the part of both AHCCCS and ADHS to work together as partners.

MANAGEMENT INFORMATION REPORTS

The BHS Information Technology team continued the production of monthly and quarterly information reports, tracking the numbers of clients served, as well as client demographic information, service utilization and tracking dollars expended for services. These reports provide timely information to members of the legislature as well as to RBHAs, providers and advocacy groups regarding services delivered and dollars expended. They are also a valuable tool in the ongoing planning and budgeting process.

REQUEST FOR PROPOSALS FOR REGIONAL BEHAVIORAL HEALTH AUTHORITIES

In December, ADHS/BHS issued a Request for Proposals (RFP) for Regional Behavioral Health Authorities in the six geographic service areas. This RFP reflected numerous systems changes as a result of the shift to a managed care approach to the delivery of behavioral health services. Of particular significance were the removal of stipulations that RBHAs were prohibited from direct service delivery, and that providers were prohibited from bidding to become RBHAs. These changes created increased competition and created opportunities for new alliances. Also new financial requirements were added in the areas of capitalization and performance bonds. This ensures that the state has recourse should a RBHA lose money.

The successful bidders were announced in April. A significant change occurred in Pima County and Southeastern Arizona. The successful bidder, Community Partnership of Southern Arizona, which will provide services in two geographic service areas, creates a unique partnership of an organization which previously acted as a RBHA in one of the geographic service areas, an AHCCCS Health Plan and a group of providers. The other successful bidders were PGBHA (Pinal/Gila counties); ComCare (Maricopa); BHS-Yuma (Yuma/LaPaz counties); and Northern Arizona Regional Behavioral Health Authority (Apache, Navajo, Coconino, Mohave and Yavapai counties).

INTERAGENCY PARTNERING

BHS continues to be actively involved in partnering with the other agencies serving children. These agencies include: The Department of Economic Security; The Administrative Office of the Courts; The Department of Education; and The Department of Juvenile Corrections. The purpose of the partnership is to implement the fourteen requirements of the Children's Behavioral Health Intergovernmental Agreement. The purpose of this agreement is to improve the children's behavioral health care delivery system through enhanced cooperation and coordination among the agencies; and to comply with the requirements of A.R.S. 36-3435.

During the past fiscal year significant progress was made in efforts to develop a single purchase of care for children needing behavioral health services. This would result in the issuance of a single RFP for licensed behavioral services for children and uniform pricing of services. Additionally, implementation of an Interagency Case Management Project in one urban county and one rural county moved forward. The urban project will be implemented in Maricopa County, bringing together staff from DES, Maricopa County Juvenile Probation, the Department of Juvenile Corrections, and ComCare to serve as members of a treatment team to manage the services provided to a child and his/her family from all of the agencies involved. This will eliminate multiple case managers and will improve the coordination of care. The project will begin accepting clients in December, 1995.

CULTURAL COMPETENCY PLANNING

In April, 1995, the Associate Director of Behavioral Health Services convened the first meeting of the Cultural Competency Steering Committee. The Steering Committee was formed to assist BHS in developing a comprehensive Cultural Competency Plan. The Steering Committee included representation from provider agencies, behavioral health planning and advisory councils, families, tribes, and other state agencies.

BHS had received recommendations from interested parties and individuals regarding improvements in the cultural competency of the behavioral health system. At the time the Steering Committee was formed some of the recommendations had been implemented, others were in process, and some were under consideration.

The purpose of the Steering Committee was to provide advice to BHS in the development of the comprehensive plan by assisting in the definition of philosophy and value statements, goals, objectives and strategies. Included in the process was consideration of each of the recommendations already received by Behavioral Health Services as well as development of new/additional recommendations and strategies.

The Steering Committee expects to complete its work in the Fall of 1995. At that time the Cultural Competency Plan will be turned over to BHS administration for implementation.

CLIENT SATISFACTION

BHS received $100,000 to fund a client satisfaction incentive pilot project. The Pinal Gila Regional Behavioral Health Authority and its providers were selected for this pilot program. The elements of the award were 50 percent client satisfaction, and 50 percent productivity measures. The productivity measures included: (1) reduction in the number of "no shows" - clients who fail to keep appointments; (2) length of time from intake to date of first service; (3) completeness of encounter reporting; and (4) proportion of minority clients served compared to the general population.

The satisfaction survey was administered three times during the fiscal year, with an average satisfaction rating for all providers of 89 percent. Improvements were realized in the productivity measures in the areas of length of time from intake to first service and completeness of encounter reporting.

The incentive monies were distributed among all provider agencies based upon the number of employees within each agency. All employees shared in the award; the maximum amount any one person could earn was $300. The total amount earned for the first year of the pilot was $50,269, or $184 per person. The incentive program will be continued for Fiscal Year 1995-96.

In addition to the incentive pilot project, in June of 1995, BHS administered its first statewide client satisfaction survey. More than 2,200 persons responded, and the results were very gratifying. Ninety-five percent of the respondents indicated that they had been helped by the services and 89 percent indicated that they would return to the program if they needed help again. BHS plans to continue to survey clients on a semi-annual basis. Results of the survey are reported to the RBHAs and individual providers, so that they can take corrective action as needed to improve their services.

PROGRAM OFFICE ACCOMPLISHMENTS

OFFICE OF CHILDREN'S SERVICES

The mission of the Office of Children's Services (OCS) is to support and monitor a statewide system for the delivery of comprehensive community-based behavioral health services for all of Arizona's children and adolescents.

In 1988, Arizona enacted landmark legislation mandating the development and delivery of a comprehensive continuum of coordinated behavioral health care for children. Previously these services had been provided by different agencies according to individual mandates addressing specific populations of children. A.R.S. 36-3431, et.seq. requires interdepartmental collaboration for a single system to address the behavioral health needs of all Arizona children. BHS was designated the lead agency for the development of this children's system.

The delivery system for behavioral health services to children in Arizona continues to develop and improve. From the 1988 legislation to the implementation of the Title XIX program, BHS has engaged in an ongoing process to meet the mandates of both Title XIX and non-Title XIX programs to serve the children in a manner which is both clinically effective and cost efficient.

During the past fiscal year, the Office of Children's Services has been actively involved in the implementation of the Single Purchase of Care and the Interagency Case Management Project. OCS staff are serving as project managers throughout the planning and implementation of these two very important initiatives. OCS staff also provided staff support to the Minority Issues Committee of the Children's Behavioral Health Council, as well as providing technical assistance to the local children's coordinating councils around the state. The purpose of these councils is to provide a local interagency forum to identify, consider and address the needs of the community.

During the past year, OCS staff participated in an interagency effort to coordinate transition services for adolescents who are deaf-blind. The purpose of this project is to establish local teams to support these individuals in their efforts to more fully function within their local communities. This project also includes the involvement of staff from the Arizona School for the Deaf and Blind, DES/Division of Developmental Disabilities, DES/Vocational Rehabilitation, Arizona Department of Education Transition Services, the University of Arizona, and parents. Funding for local team training and technical assistance is provided through the Helen Keller National Center.

OCS staff and RBHA staff have participated in a grant funded interagency task force designed to complete a needs assessment and preliminary state plan regarding behavioral health services for infants. The task force will produce a report is expected later this year. Members of the task force will continue to meet to develop a multi-disciplinary screening tool for early identification of behavioral health problems in infant and toddler populations.

OFFICE FOR THE SERIOUSLY MENTALLY ILL

Staff of the Office for the Seriously Mentally Ill (OSMI) provide technical assistance and oversight and monitoring to the RBHAs in providing a continuum of community based services for persons who suffer from serious mental illness. This office has primary responsibility for the implementation of the court ordered settlement agreement in the Arnold v. Sarn lawsuit.

During the past fiscal year, OSMI staff provided assistance to ComCare as it began implementation of a restructured crisis system. The goal of the crisis system is to be resolution-focused, and to return persons to their pre-crisis level of functioning. ComCare has integrated all county crisis phone lines, providing one central well publicized phone number, responded to by ComCare staff. One of six proposed Urgent Care Centers has been established in central Phoenix, by retargeting funds from an inpatient psychiatric emergency room.

In the area of rehabilitation services, BHS and the Department of Economic Security, Rehabilitation Services Administration, continue to operate under an interagency service agreement which remains in effect until June, 1998. Funding has increased to $8.2 million for FY 1995. A vocational coordinator has been hired by BHS as a result of the interagency service agreement. The funding also provides ongoing training on work incentives for community rehabilitation providers, consumers and case managers. There are also several program initiatives in place to further increase employment opportunities and expedite entry into vocational services for persons who suffer from serious mental illness. A total of 3069 clients received vocational services during FY 1995.

BHS is mandated to provide housing for clients who suffer from serious mental illness. A significant accomplishment during the past fiscal year was the award of four grants in the total amount of $11,200,000 from HUD. These grants will enable BHS to house 439 homeless persons with serious mental illness in three metropolitan areas of the State. The total number of approved housing units for this population now stands at 910 units. During FY 1995 a 300-unit project was fully leased within seven months and lease-up began on a 114 unit project. Turnover rate in the homeless housing programs has been running at less than 20%, with over half of that amount due to normal turnover causes. Based on national data, this is a very positive occupancy level.

Staff from OSMI continue to work with the Arizona State Hospital to reduce the hospital census. The Arizona Legislature has appropriated $100,000 to be used as bridge funding for moving persons out of ASH into community settings in FY 1996. The new funding will be contracted to COMCARE, the Maricopa County RBHA, to move approximately 50-75 clients into the community.

OSMI staff continued to be responsible for the implementation of a federal grant which provides funding for activities which enhance consumer self-esteem and empower consumers to take charge of their lives. This third and final year of the grant provided $320,000 in funding for the following activities:

- The Consumer Advisory Board, a twenty-seven member board of consumers of services for the seriously mentally ill, providing input to BHS regarding issues and concerns of consumers.

- The Rural Peer Support Program, providing enhancement and expansion of rural organizations that provide peer support to consumers.

- The Consumer/Family Leadership Academy, providing training to consumers and family members about how to become more effective advocates for better mental health services.

- The White Mountain Apache Tribal Consumer Advocacy Project, providing peer support groups and mental health outreach for Native Americans living on the White Mountain Apache Indian Reservation.

- The Salt River Pima Maricopa Indian Communities Consumer and Family Support Project, providing peer support groups and mental health outreach for Native Americans living in the Salt River Indian Community.

- The Arizona Alliance for the Mentally Ill Projects, providing training, education and resource materials to support family members who are caring or concerned for persons with serious mental illness.

- The Annual Consumer/Family Conference, providing networking, training and leadership skills for consumers and family members. The 1995 conference focused on how to secure and maintain employment for persons with psychiatric disabilities.

OFFICE OF SUBSTANCE ABUSE AND GENERAL MENTAL HEALTH

The mission of the Office of Substance Abuse and General Mental Health (OSA) is to support and monitor a statewide system for the delivery of comprehensive, community-based treatment programs and activities which are aimed toward reducing and eliminating drug, alcohol and general mental health problems in Arizona. Through a network of community-based programs and agencies, OSA ensures timely availability of an array of treatment services that assist individuals in overcoming addictive disorders while reducing the attendant criminal activity and the related health care costs; as well as reducing the impact to unintended victims, such as drug affected infants and partners who are exposed to the HIV disease.

In addition to administering the statewide delivery of primary treatment services, the OSA develops policy guidelines and program standards addressing the special needs of high-risk populations, including women with children, injection drug users, those persons who are dually diagnosed as substance abusing with other mental health problems, criminally involved users, homeless populations, and Native Americans and other ethnic minorities.

Indicators of Treatment Need

Arizona has historically maintained high levels of alcohol abuse and alcoholism. During 1992, Arizona ranked 8th nationally in per capita consumption - 2.10 gallons per Arizonan compared with 1.78 gallons per person nationwide. Statewide, the alcohol death rate stood at 21.35 deaths per 100,000 between 1989-91, while alcohol deaths among reservation residents averaged 5 to 6 times this level (157.3 deaths per 100,000).

Proximity to the Mexican and California borders expose the state to successive waves of heroin, cocaine and methamphetamine trafficking activity. In the fourth quarter of 1993 alone, 54% of juvenile and 75% of adult arrestees in Maricopa County tested positive for illegal drugs. Less than one-third of the adults (27%) and one-fourth of the arrested youth had ever received treatment services. In the Phoenix area, 1992 emergency room mentions totalled 908 for cocaine, 324 for heroin, and 281 for methamphetamine, compared with 614 cocaine, 353 heroin and 195 methamphetamine during 1990. These data indicate a continuing, high level of abuse for the three substances commonly linked with crime and serious addictive disorders.

Arizona Substance Abuse Treatment Needs Assessment

The Office of Substance Abuse compiles key indicators of drug/alcohol problem intensity. These indicators suggest that rural areas of the state are characterized by more severe levels of alcohol abuse, while serious drug problems are concentrated in Arizona's larger population centers -- particularly Phoenix and Tucson. However, even in rural areas of the state there are signs of growing heroin/cocaine intensity.

In order to measure the need for substance abuse treatment, the Center for Substance Abuse Treatment awarded Arizona $1,299,854 to conduct a "family" of research studies on the prevalence of substance in Arizona. This is the single largest amount awarded to any state under this grant. The goal of the studies is to develop estimates of alcohol and drug use and dependence by geographic areas that are useful for resource allocation, obtaining treatment funds and program planning.

Because substance abuse is a society-wide problem that shows up in many forms and places, no single survey or research method is able to describe the entire range of substance abuse problems in Arizona. The "family" of studies means that Arizona will use a variety of methodologies to capture different pieces of the substance abuse problem in the state. Arizona's "family" contains the following:

(1) a statewide **Telephone Household Survey** of 7,250 Arizonans;
(2) a door-to-door **Tribal Nation Survey** of 1,060 reservation residents from 5 geographically-dispersed tribes;
(3) a **Social Indicator Model** using 5 years of death, arrest, AIDS, traffic deaths and hospital discharges for drugs and alcohol;
(4) a **Synthetic (or mathematical) Estimate** of cocaine and heroin prevalence;
(5) a face to face **Survey of Arrestees (SANTA)**, including a urine sample, involving 450 adult and 450 juvenile offenders;
(6) a face-to-face **Survey of Injection Drug Users** involving 1,065 adults; and
(7) a **Treatment Utilization Study** that reviews one-year of admissions into alcohol/drug treatment in Arizona.

The ADHS/BHS Office of Substance Abuse will manage the three-year project. The studies will be conducted by various subcontractors with expertise in their particular field. Subcontractors include:

- **Rural Health Office, College of Medicine, University of Arizona** - Which will conduct the Social Indicator, Tribal Nation and Injection Drug User Study
- **Behavior Research Center** - Telephone Household Survey
- **TASC (Treatment Assessment Screening Center)** - SANTA
- **Mexican American Research Studies, College of Medicine, University of Arizona** - Statewide IDU study.

Services and Solutions

For thousands of Arizonans, substance abuse treatment offers an opportunity to reclaim their lives and rebuild families and careers. Over the past 20 years, a body of evidence has established the potential of treatment to trigger positive change in the lives of users and to dramatically reduce the social and health care costs of addictive disorders.

In particular, substance abuse treatment reduces street crime, restores gainful employment, reduces risk-taking lifestyles, and relieves a host of public health costs associated with HIV disease, fetal substance exposure, debilitating disease, and substance-related mental health problems, such as domestic violence, suicide and chronic depression.

The Office of Substance Abuse contracts federal and state funding for treatment services to community programs across Arizona through contracts with the five RBHAs and three Tribal Nations. During FY 1994-95, the Arizona Legislature approved implementation of Title XIX Medicaid funding for persons in need of substance abuse and/or general mental health treatment. This new Medicaid program will be implemented October 1, 1995. The OSA staff and BHS administration, working closely with AHCCCS administration, were making all necessary preparations for implementation as the fiscal year drew to a close. It is anticipated that 3,800 persons will be eligible for these services at the time of start-up, with that number growing to 7,000 to 8,000 over the course of the next year.

OFFICE OF PREVENTION AND DOMESTIC VIOLENCE

The Office of Prevention was established to provide education and training to a target population of Arizonans who are at risk for developing behavioral health problems. This program area responds, in part, to legislation which established the children's behavioral health funding category. Twenty percent of the children's behavioral health allocation is designated for prevention services and programming. In addition, the federal Substance Abuse Block Grant contains specific set-aside funding for prevention services.

Prevention is defined as "a process of creating conditions and circumstances within the environment that enhance the opportunity for all citizens to be healthy, productive members of the community". It is also defined as a "proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles".

The Office of Prevention staff work cooperatively with community groups to develop and deliver training on specific topics; to address statewide issues related to prevention; and to provide technical assistance in the development of new programs and services.

The Office of Prevention provides leadership to the prevention field in Arizona by acting as liaison to the U.S. Center for Substance Abuse Prevention, The Southwest Regional Center for Drug Free Schools and Communities, The National Prevention Network, and the National Center for the Advancement of Prevention. State of the art prevention and technology obtained through these resources is provided to the field through specialized training and seminars. During Fiscal Year 1995, the Office of Prevention participated in the following activities:

Sponsorship and Development of Conference and Training:

Encuentro - This conference, held in Tucson, Arizona, focused on prevention and treatment with a special emphasis on the positive elements of the Hispanic Latino Culture. Preventions and discussions focused on Family Prevention, Substance Abuse Prevention and Treatment, and the role of social workers. The conference drew social workers and mental health professionals from across the nation and Puerto Rico.

Community Mobilization Training of Trainers - This training 5-day leadership was delivered to 30 prevention specialists to prepare them to facilitate community mobilization activities in their local communities. Participants learn the Community Mobilization Framework, Risk and Resiliency Factors and Facilitation Methods. Simulations of groups working toward improving their communities are used to provide trainees with hands on experience.

Storytelling Conference - February 1995, Tucson, Arizona - This conference examined how storytelling can be used as an effective prevention strategy. Conference participants were exposed to a variety of Storytelling methods from several cultures. A special emphasis on Southwest Indians and Hispanics offered an in depth look at storytelling for these two populations.

Leadership, Development for the Disabled - Tucson, Arizona

Physically challenged individuals participated in a 3-day residential Leadership Development Training to mobilize this population to address issues of substance abuse.

Domestic Violence Conference - Phoenix, Flagstaff and Tucson, Arizona

The Office of Prevention co-sponsored three one-day Domestic Violence Conference in Tucson, Phoenix, and Flagstaff, December 1, 2 & 3, 1994. The conferences were targeted to the medical community primarily physicians and dentists. The goal of this conference was to raise the awareness of the medical profession regarding the signs and symptoms of domestic violence and how to intervene and make appropriate referrals.

Teen Suicide Prevention Programs

Funds were allocated to provide continued funding to projects in Phoenix and Tucson which have developed programs to address teen suicide. These projects were the result of a specific legislative initiative in 1991 to address this very serious issue. Arizona's rate of suicide among teens is higher than the national average.

National Conferences

Office of prevention staff participated in several national conferences, workshops, and special meetings hosted by the Center for Substance Abuse Prevention. Including:

- Center for Substance Abuse New Grantees Meetings
- Center for Substance Abuse High Risk Youth Hispanic Cluster
- Center for Substance Abuse National Learning Community Meeting
- National Center for the Advancement Prevention products review
- Southwest regional Center-Prevention Resource System III. Ten state symposium on development on National Regional and State Prevention Resource Systems, Center for Substance Abuse Prevention and Center for Substance Abuse Treatment-National Strategy for Training. Development of a combined strategy that will meet the training needs of prevention and treatment personnel.

SERVICES FOR AMERICAN INDIANS ON RESERVATIONS

BHS continues to negotiate Intergovernmental Agreements with any American Indian Tribe in Arizona indicating interest in accessing Title XIX funds to provide services on reservation to its members. The status of these negotiations at the end of the fiscal year are as follows:

Pascua Yaqui Tribe - this IGA is fully operational. The Tribal Liaison and other BHS staff continue to work closely with the Tribe to insure smooth program operation.

Navajo Nation - the IGA has been signed and implementation is anticipated in early 1996.

Salt River Indian Community - this IGA is fully operational.

Gila River Indian Community - this IGA is fully operational.

White Mountain Apache - the White Mountain Apache tribe signed a contract with the Northern Arizona Behavioral Health Authority for services.

Colorado River Indian Tribe - Negotiations continue, with signing of the IGA anticipated in early 1996, and implementation to follow 90 days after the effective date of the IGA. BHS also continues to work with the following tribes to discuss the possibilities of developing an IGA: **San Carlos Apache Tribe; Hualapai Tribe; Tohono O'Odham.** Until an IGA is developed, the RBHA's will be responsible for providing medically necessary services for on reservation tribal members.

During the past fiscal year the Tribal Liaison established a regular Tribal RBHA Directors meeting, which provides an opportunity for information sharing, problem solving, and discussion of critical issues. In addition, ongoing technical assistance is provided to the tribal behavioral health programs by BHS staff and RBHA staff as needs are identified.

GRIEVANCES AND APPEALS

ADHS/BHS maintains a grievance system which provides for an administrative resolution of disputes for members, subcontractors, providers, or non-contracting providers in accordance with Arizona Administrative Code, AHCCCS Mental Health Policy Manual Rules, the Arizona Revised Statutes and federal regulations, and in compliance with required grievance standards.

In addition to the ADHS/BHS grievance system, BHS has designated specific staff persons in the Office for the Seriously Mentally Ill and the Office of Children's Services to act as ombudspersons. These staff members contact appropriate parties on behalf of a member or provider to resolve problems relating to services, claims payment, behavioral health eligibility, or other areas related to the AHCCCS contract. Coordination of this process is carried out through the BHS Office of Grievance and Appeals.

The Manager for the Office of Grievance and Appeals is responsible for management and implementation of the grievance system within BHS and monitoring of the RBHAs. During this past fiscal year, the Manager, OGA, participated as a member on each of the RBHA Monitoring Teams during the Operational and Financial Review. She also established monthly meetings with the Grievance Managers from each of the RBHAs. These monthly meetings provided a forum for problem solving and a discussion of issues, as well as an opportunity for the OGA Manager to provide training and technical assistance. The BHS Office of Grievance and Appeals interfaces with the ADHS Office of Administrative Counsel to conduct evidentiary hearings for any applicant who requests a hearing because his or her claim for services is denied or not acted upon with reasonable promptness, or because he or she believes an action has been taken erroneously.

For all programs, which includes the seriously mentally ill adult (SMI), eligible children, general mental health and substance abuse, OGA maintains a public log for all requests for investigation, member grievances and treatment appeals. The public log contains sufficient information to identify the grievance, the date of receipt, nature of the grievance and the date the grievance is resolved. The eligible person log is maintained separately from all other logs. ADHS/BHS requires the RBHAs to maintain separate logs for all grievances and appeals at the RBHA level which contain the specified information, and to report all such grievances and appeals to BHS by using the BHS Form for Filing Grievances. Upon receipt at OGA, each grievance or appeal is given a unique docket number which must be used on all documents relating to that specific grievance or appeal. RBHAs are required to provide OGA with documentation related to the resolution or RBHA decision and to forward the grievance investigation file if an administrative hearing is requested. BHS conducts investigations on all allegations of physical or sexual abuse and deaths.

During FY 1995 there were 876 grievances, appeals and requests for investigation initiated statewide. The following is a breakdown of this activity:

	Statewide	Resolved at RBHA	Sent to BHS
Grievances	172	133	39
Appeals	642	483	159
Request for Investigation	62	9	53

Of those grievances, appeals and requests for investigation sent forward to BHS, the following is a breakdown of activity:

Total sent to BHS	251
Resolved at BHS	87
Went to Hearing	37
Pending	164

This represents a significant reduction in the total number of grievances and appeals filed over FY 1994, as well as a significant reduction in the total number which went forward to ADHS for hearing.

INVOLVEMENT OF KEY STAKEHOLDERS

AHDS/BHS has a valuable resource in the various advisory bodies which have been established, either through state or federal mandate, to provide guidance in the planning, implementation and provision of behavioral health services. BHS provides staff support to each of the councils and their various committees.

The Arizona Behavioral Health Planning Council, established through Public Law 99;-660 and its subsequent amendments, is charged with the responsibility for reviewing, monitoring and evaluating the adequacy of behavioral health services in Arizona, and serving as an advocate for adults who suffer from serious mental illness and children who are seriously emotionally disturbed, as well as individuals needing other behavioral health services. The Council consists of 30 members, representing urban and rural areas and reservations, including representation from the provider community, consumers and family members, and representatives of other state agencies.

The Children's Behavioral Health Council was established pursuant to Arizona Revised Statutes, 36-3421-22, to oversee the development of a single, comprehensive, coordinated continuum of services for children. There are 21 members of the Children's Council who are appointed by the Governor, the President of the Senate and the Speaker of the House of Representatives. Representatives from each of the state agencies serving children is represented on the Council, which meets monthly.

In 1992, the Arizona Legislature created the Council on Offenders with Mental Impairments. This Council is charged with determining the status of offenders with mental illness, mental retardation and developmental disabilities within the State's criminal justice system, to identify the services needed by those offenders.

The BHS Associate Director meets regularly with each of the Councils. Additionally, he holds quarterly meetings with the Council Chairs to discuss issues of mutual interest and to review the planning and budgeting processes.

In addition to the involvement with these Councils, BHS also actively seeks input from and supports the activities of consumer and family groups. The Office for the Seriously Mentally Ill established a Consumer Advisory Board, with membership representing every county in the state, as well as the on-reservation American Indian population. The Consumer Advisory Board ensures that the voice of consumers is heard by BHS as it develops policy, plans for services, and advocates for funding from the Legislature. BHS also works closely with the Arizona Alliance for the Mentally Ill, the Alliance for the Mentally Ill of Southern Arizona, and MIKID - Mentally Ill Kids in Distress, the support group for parents of children with mental illness. BHS provides funding support for conferences, to send consumers and family members to national conferences and workshops, and to produce/acquire educational materials. BHS also works with the Mental Health Association, the Northern Arizona Area Health Education Center, and other groups to co-sponsor annual conferences and institutes which are attended by both behavioral health professionals and administrators and by families and consumers.

BHS also coordinates with and seeks input from the RBHAs and providers. The Associate Director meets monthly with the RBHA Directors to discuss policy and budget issues and resolve administrative matters. Both the Associate Director, the Assistant Director and members of the Management Team meet regularly with the Association of Behavioral Health Providers and the Arizona Council of Centers for Children and Adults, to ensure effective communication in matters of policy, funding, or administrative issues.

SOUTHERN ARIZONA MENTAL HEALTH CENTER

The Southern Arizona Mental Health Center (SAMHC), located in Tucson, is the only state-operated community mental health center in Arizona. SAMHC provides specialized behavioral health services to residents of Tucson and Pima County, including emergency services and mobile crisis stabilization services for adults and children; brief treatment services; crisis residential services; psychosocial rehabilitation services; medical services for adults as well as complete evaluations for persons with serious mental illness for the local Regional Behavioral Health Authority.

During FY 1995, the following services were provided to children and adults in the SAMHC programs:

SAMHC Crisis and Brief Treatment Services provided 19,043 sessions of behavioral health treatment to adults through its Walk-In Clinic, Urgent Care, Mobile Acute Care and Brief Treatment Services. The Crisis Center is available for both clients who "walk in" on a daily basis and for those who call for appointments within 24 hours. Emergency services are provided by the Mobile Acute Care Team to adults on a daily basis for clients who require immediate assessment and intervention and who are unable to access services at a clinic. Brief Treatment Services of SAMHC provides brief, solution focused therapy in a managed care environment to adults and families. SAMHC also provides medication evaluation and monitoring as part of its programs.

As part of SAMHC Crisis Services, the Children's Evaluation Team provided 1,169 emergency and crisis stabilization sessions to children and their families during 1995. This Team is available 24 hours a day, 7 days a week to respond to children and families at a variety of community agencies or in the home. In addition to crisis assessment and stabilization, coordination and linkage with other community services is provided.

The Crisis Residential Program became part of Crisis and Brief Treatment Services during the past fiscal year. The clinical emphasis in the program is on brief stabilization. SAMHC has operated between 8 and 16 beds for community use during the past year.

During 1995, SAMHC provided clinical evaluations for consumers who were potentially eligible for SMI services through the Regional Behavioral Health Authority in Pima County. SAMCH staff completes approximately 40-50 evaluations each month. These are then forwarded to the RBHA for review and SMI determination.

In 1995, SAMHC began providing psychosocial rehabilitation services to clients with long term disabilities through its newly formed EXCEL (Extended Care for Enhanced Living) program. The program philosophy is based on a model which emphasizes individual strengths, community connections and rehabilitation. As the program grew, it provided 2,627 sessions of services of this kind in the last six months of the fiscal year.

SAMHC continues to be a major provider of outpatient behavioral health services in Tucson and Pima County. SAMHC has continued to refine its approach and manner of providing services to consumers in a managed care environment. As BHS strives to continually improve its service delivery, emphasis will be upon quality service delivered in a manner which is appropriate to each client's needs and sensitive to the client's culture and environment.

WHAT'S ON THE HORIZON FOR BEHAVIORAL HEALTH SERVICES?

As demonstrated in this report, BHS has accomplished a great deal during FY 1995 as it continues to emerge as a national leader in the delivery of state supported behavioral health services in a managed care environment. The purpose of this managed care approach is to deliver the most appropriate services to people in need in the most cost-effective manner possible.

As the new fiscal year begins, BHS prepares to implement Title XIX funded services for clients in need of substance abuse or general mental health treatment. The addition of the substance abuse and general mental health populations will mean that Arizona has fully implemented Medicaid funded behavioral health services for all eligible persons in need of treatment.

As the new RBHA contracts take effect July 1, 1995, the process to transition clients in Pima County and Southeastern Arizona to the new RBHA will begin. This new affiliation will be watched with interest as significant changes are expected:

- integration of physical and behavioral health services
- risk based contracting which will allow greater flexibility to service providers
- case management will be moved from the RBHA level to the provider.

Another change which will be occurring in Pima County during FY 1996 will be the implementation of the plan to privatize the Southern Arizona Mental Health Center.

BHS expects to complete negotiations on exit criteria to bring closure to the Arnold v. Sarn lawsuit. Significant progress has been made in implementing the requirements of the settlement agreement of that lawsuit. Exit criteria will move the state to the point where judicial oversight of the behavioral health system will end.

BHS Management looks forward to a productive year, and to reporting progress made in the next annual report.

ARIZONA STATE HOSPITAL
ANNUAL REPORT
FISCAL YEAR 1995

OVERVIEW BY CHIEF EXECUTIVE OFFICER/SUPERINTENDENT

The Arizona State Hospital, a component of the statewide continuum of behavioral health services provided by Behavioral Health Services, Arizona Department of Health Services, is a publicly funded facility, dedicated to the restoration and preservation of the emotional health of seriously mentally ill residents of the state of Arizona. As one component of the statewide continuum of behavioral health services, hospital personnel strive to provide state-of-the-art inpatient psychiatric care and are committed to the concept that all patients and personnel are to be treated with dignity and respect to maximize personal and professional growth.

Senior hospital management and clinical team members continually review the goals and objectives of the hospital and the hospital's role in the statewide continuum of behavioral health services. Based on this review, it was determined the hospital's "Vision Statement," which provides long-range guidance for hospital personnel, and the "Mission Statement," which provides shorter-range, day-to-day operational guidance for the hospital and service providers, remain appropriate for future fiscal years.

ASH Vision Statement
By the year 2000, patients, their families, staff, community, and accrediting bodies will recognize the Arizona State Hospital as a center of excellence. We will be a premier psychiatric facility that specializes in providing forensic, adult and youth services in a healing environment. We will gain recognition through our quality staff, innovative treatment, research activities, publications, and academic affiliations.

ASH Mission Statement
The Mission of the Arizona State Hospital is to restore and enhance the quality of life and the health of persons with serious mental illness.

With both the "Vision Statement" and the "Mission Statement" as the guiding principles, the Arizona State Hospital provides psychiatric hospitalization and treatment for persons who meet the hospital's admission criteria. While providing evaluation and active treatment, the hospital is continually cognizant of the rights and privileges of each patient, particularly the patient's right to confidentiality and privacy.

A patient's treatment is directed by a multi-disciplinary clinical team which includes the patient, hospital personnel, the patient's family and/or representative, and appropriate community behavioral health system service providers. This clinical team is responsible for completing the evaluations and developing a comprehensive, individualized treatment and discharge plan that addresses biological, psychological, spiritual and socio-economical issues to meet the patient's personal needs. The patient's psychiatrist, who provides leadership for the clinical team, is responsible for coordinating the patient's care, as well as ensuring a coordinated, well-defined patient treatment and discharge plan.

Throughout a patient's treatment, the hospital advocates placing the patient in the least restrictive, therapeutic treatment environment. Patient placement within the hospital is made after assessment, consideration of all treatment factors, and discussion with the appropriate community behavioral health system service providers to assure the chosen placement provides maximum therapeutic benefit. The hospital is also cognizant of its responsibility to provide patients required sanctuary and to safeguard the community.

In order to provide quality care for the patients, hospital personnel actively participate in the statewide continuum of behavioral health care, coordinate the development of the patients' treatment and discharge plans with the patients and the appropriate community behavioral health system service providers, and encourage patient placement in alternative community programs in accordance with the individual service plan developed with the community service providers as soon as the patient is adequately prepared for placement.

The leadership of the hospital will continually focus on the "Vision Statement" and the "Mission Statement" to provide guidance and direction for the hospital in providing services to for the seriously mentally ill residents of the state of Arizona.

HOSPITAL ORGANIZATIONAL STRUCTURE

The Arizona State Hospital receives overall direction and supervision from the Chief Executive Officer/Superintendent. Toward the end of the fiscal year, the hospital's organizational structure was reviewed and modified to more clearly delineate the divisions within the hospital and to align various services to more adequately meet the needs of the patients and administrative requirements. The hospital was reorganized into three major components - Clinical Services, which includes the patient programs and treatment units, Administrative Services, and Quality Resource Management Services.

CLINICAL SERVICES

Clinical Services, under the clinical leadership of the hospital's Medical Director, includes the following:

- **Medical Staff Services:**

  Department of Psychiatry
  Medical Staff Consultants
  Legal Services
  Employee Health
  Medical Laboratory
  Department of Medicine
  Medical Staff Committees
  Dental Services
  Infection Control

- **Nursing Services:**

  Psychiatric Nursing
  Infection Control
  Specialty Clinic
  Physical Therapy

- **Psychology Services**

- **Social Work Services**

- **Education and Rehabilitation Services:**

  Patient Education
  Recreational Therapy
  Staff Training and Education
  Religious Services
  Speech/Language/Hearing
  Occupational Therapy
  Volunteer Services
  Libraries - Patient and Medical

Medical Staff Services

The Department of Psychiatry provides psychiatric patient care and treatment by licensed psychiatric physicians who are assigned to specific patient treatment units. The Department of Medicine provides medical patient care and treatment through licensed medical physicians who are assigned patients by treatment programs. Consultant physicians provide specialized psychiatric and medical care and specialized consultative services. The hospital also has a contractual agreement with the Maricopa Medical Center to provide any additional medical services required by the patients.

Medical Staff Committees complete special functions related to the operation, monitoring, and peer review of the Medical Staff, individual physicians, and the Medical Staff services provided the patients. Dental Services provides limited dental services to the patients, including preventative, maintenance, and emergency services.

Legal Services provides centralized legal services for the hospital related to patient commitments, expiration of court orders, preparation of required court reports, and coordination with the Office of the Attorney General to ensure patient's legal rights are in compliance and that statutory requirements are met.

Employee Health Services provides services to maintain and ensure the health of hospital personnel, many of which are directed at disease prevention and compliance with OSHA standards.

The Medical Laboratory completes most medical laboratory procedures; requested procedures for which the hospital is not equipped to complete are sent to a licensed, contracted private laboratory.

Nursing Services

Psychiatric Nursing provides milieu therapy, professional nursing care services, and general patient supervision in the various patient treatment programs on a 24-hour-per-day basis. These services are provided through licensed registered nurses, licensed practical nurses, and paraprofessional nursing personnel.

The Specialty Clinic consists of centralized specialty clinics [e.g. podiatry clinic, neurology clinic] and the scheduling of medical treatment services required by patients through the Maricopa Medical Center. Infection Control provides a variety of services directed at controlling and monitoring infectious diseases and potential health hazards to both patients and staff.

Psychology Services

Psychology Services provides patient psychological evaluation, assessment and diagnosis, psychotherapy, and specialized consultation on a referral basis. Psychologists coordinate closely with and provide consultation to other disciplines in the development of the patients' individualized treatment and discharge plans.

Social Work Services

Social Work Services provides a variety of social work support for the patients. Personnel are primarily responsible for coordinating patient discharge planning which begins at the time of the patient's admission, coordinating communication and activities with the patient's family and/or representatives, and ensuring involvement with the appropriate community behavioral health system service provider.

Education and Rehabilitation Services

Education and Rehabilitation Services is responsible for occupational and recreational therapy provided both on an individual basis and on a group basis while speech/language/hearing and physical therapy are provided on an individual basis only. The hospital contracted with Maricopa Regional Schools to provide special education services for the adolescent patients at the hospital.

Staff training and education provides new employee orientation, mandated staff training and education, specialized training, and coordination of specialized in-services and workshops. These services are closely coordinated with the libraries in providing medical library services for the staff and general library services for the patients.

The patients receive religious services both at the hospital's multi-denominational chapel and on specific patient treatment units. Additionally, individual spiritual counseling and consultation are provided on a referral basis.

Hospital volunteers contribute a special service to the patients by assisting patients with individual needs and by promoting and providing services in specific programs throughout the hospital.

ADMINISTRATIVE SERVICES

Administrative Services, under the direction and supervision of the Chief Operating Officer, includes the following:

- Ancillary Services:

Fiscal Services*	Patient Finance Services*
Personnel Services*	Security Services
Radiology Services	Pharmacy Services

- Support Services:

Dietetic Services	Engineering Services
Environmental Services	Groundskeeping Services
Telecommunications Services	Laundry Services

Ancillary Services

Ancillary Services is responsible for the operation of the hospital through monitoring the allocated budget, providing patients with limited financial services, and for providing the hospital's security services. Personnel Services is responsible for coordinating the hiring of employees, providing the initial introduction of new employees to the hospital, and maintaining employee personnel records.

Pharmacy services, provided through a contract provider, and radiology services are provided with each of these services receiving clinical consultation from the Medical Director and/or Medical Staff Committees, as needed.

Support Services

Support Services is responsible for ensuring a safe and therapeutic environment, providing a full range of dietetic services, and providing the "day-to-day" needs of the patients [e.g. environmental services, maintenance of the hospital buildings and the surrounding grounds, and maintenance of the telecommunication systems]. General laundry services are provided through a contract provider.

(*) During FY 94-95, the Arizona Department of Health Services placed Fiscal Services, Patient Finance Services, and Personnel Services under the organizational structure of Business Support Services, ADHS.

QUALITY RESOURCE MANAGEMENT SERVICES

Quality Resource Management Services, under the direction and supervision of the Director of Quality Resource Management, includes the following:

- Utilization Management Services
- Health Record Services
- Hospital Information Services:
  - Computerized Hospital Information
  - Data Control
  - Policies and Procedures
- Safety/Risk Management Services

Utilization Management Services

Utilization Management Services coordinates efforts to review resource utilization to identify areas of over-utilization or under-utilization of services to ensure cost effective and efficient patient care. This service includes a review of all patient admissions to and patient discharges from the hospital.

Health Records Services

Health Records Services is responsible for the general maintenance of the patients' health records, both current and historical, for monitoring specific established standards, and for providing the centralized secretarial pool to transcribe various clinical patient reports.

Hospital Information Services

Hospital Information Services is responsible for initiating the patients' health records at the time of admission, entering required patient information into the computerized patient data system, computerizing, maintaining, and reporting various hospital data, developing hospital policies and procedures, completing special projects, and providing general hospital information as requested by various sources.

Safety/Risk Management Services

Safety Management coordinates compliance with required standards related to plant, technology and safety management and monitors the quality of safety and environmental issues to ensure an appropriate hospital environment for patients, visitors, and staff. Risk Management coordinates efforts to systematically improve the quality of care and service through identifying areas of potential risk and recommending corrective actions, and by taking steps to control risks through continuous assessment and education.

PATIENT PROGRAMS AND TREATMENT UNITS
(Provided under Clinical Services)

The results of the patient's clinical evaluations, the patient's acuity level, and the patient's legal status at the time of admission provide the multi-disciplinary clinical team guidance in determining the patient's least restrictive placement within the hospital. Throughout the patient's hospitalization, the multi-disciplinary clinical team reviews and revises the patient's individualized treatment and discharge plan to ensure appropriate treatment and placement continue. The direct patient clinical services of psychiatry, medicine, nursing, psychology, social work, and education and rehabilitation are provided through patient treatment programs and treatment units which are designed to meet the needs of the patients.

Throughout the fiscal year, the patient programs and treatment units were continually reviewed and modified to more adequately meet the needs of the current patient census. This continual review is also required to attain the hospital's long-term goal of making sure that people are able to return to community programs as soon as clinically appropriate. The patient programs and treatment units at the end of Fiscal Year 95 were as follows:

<u>General Adult Programs</u>

Treatment Units: Kachina 1, Kachina 2, Juniper 3

Kachina 1 serves as the primary reception and admission area for adult patients and is designed to provide diagnostic and assessment services as well as short-term treatment services. The projected length of stay for these patients is one to three months. Kachina 2 serves the patients within this program requiring a projected length of stay of two to four months and Juniper 3 serves the patients within this program requiring a projected length of stay of six to nine months.

The patients in this program usually have less institutional experience, but more characterologic disturbances with higher incidents of drug abuse or various types of legal involvement.

Major treatment modalities include psychotropic medication and group or individual psychotherapy focusing on acceptance of treatment and specific discharge plans. Patients participate in the development of personal goals, vocational rehabilitation, chemical dependency intervention, intensive preparation for community reintegration and aftercare, leisure and recreational activities, physical care, and reality therapy as needed.

While Kachina 1 serves as a secure treatment unit with limited off-unit patient privileges granted, Kachina 2 serves as a "semi-open" unit with many patients having full grounds privileges and Juniper 3 serves as an open unit utilizing an active therapeutic community approach to care.

Treatment Units: Juniper 1, Juniper 2, Juniper 4

Juniper 1, 2 and 4 serve as the primary treatment units for seriously mentally ill patients who required an extended period of hospitalization. The patients within these treatment units have a projected length of stay between ten and twenty months.

Treatment emphasis is placed on the activities of daily life skills [e.g. hygiene, dressing, eating] since many patients suffer from coexistent organic mental disturbances. Treatment modalities include medications, reality orientation group, current events group, structured unit activities, leisure planning and recreational therapy.

Each of these treatment units is designed to provide a safe and secure environment for the patients; therefore, access to off-unit patient activities is based on the individual patient's functioning level.

Treatment Unit: Granada

The Granada Treatment Unit serves as the primary treatment unit for older adult patients with serious mental illness (over 55 years of age) with special needs. Patient families are involved in placement planning and receive assistance with bereavement, loss acceptance and coping skills.

Primary treatment modalities include supportive care, psychotropic medication, self-care skills, community orientation, current events and unit community meetings. Specialized groups in music and art therapy, gardening, cooking and nutrition, and reality orientation are also provided. Medical care is also a vital treatment modality for this population.

The treatment unit provides a safe, secure environment for the patients with limited off-unit access due to the severely disabling mental disorders of most of the patients. Off-unit access to various patients activities is arranged on an individual basis.

Behavior Management Programs

Treatment Units: Wick 3, Wick 4, Wick 5 and Juniper 5

The Behavior Management Program serves as the primary treatment program for evaluation and treatment for patients who are court-ordered for pre-trial evaluation, have charges pending and are civilly committed, need treatment prior to trial, have been adjudicated Not Guilty by Reason of Insanity or Guilty Except Insane, or require other specialized forensic services. Patients with a potential for violent or dangerous behaviors, patients with a high escape risk, and patients with legal requirements on placement receive treatment within this program. Most patients require a moderate length of hospitalization with the average length of stay between three and nine months.

Treatment modalities include pharmacotherapy, psychological services and extensive assessment, psychotherapy focusing on participation with treatment, interpersonal skills training, individual services for patients requiring restoration to competency, specific discharge plans and goal development, rehabilitation, leisure and recreational activities, structured milieu activities, physical care/hygiene, reality orientation, behavior modification, and psychotropic medication.

Intensive liaison for community reintegration and aftercare treatment, reality focusing, and modification of pathologic behaviors are also important components of care.

Each treatment unit provides a secure environment for the patients and limited off-unit privileges are granted on an individual basis.

Youth Services Program

Treatment Unit: Adolescent Treatment Unit

The Youth Services Program serves as the admission, assessment and treatment program for adolescents (13 through 17 years of age) requiring intermediate term care as a result of a substantial mental disorder (average length of stay approximately 5 months).

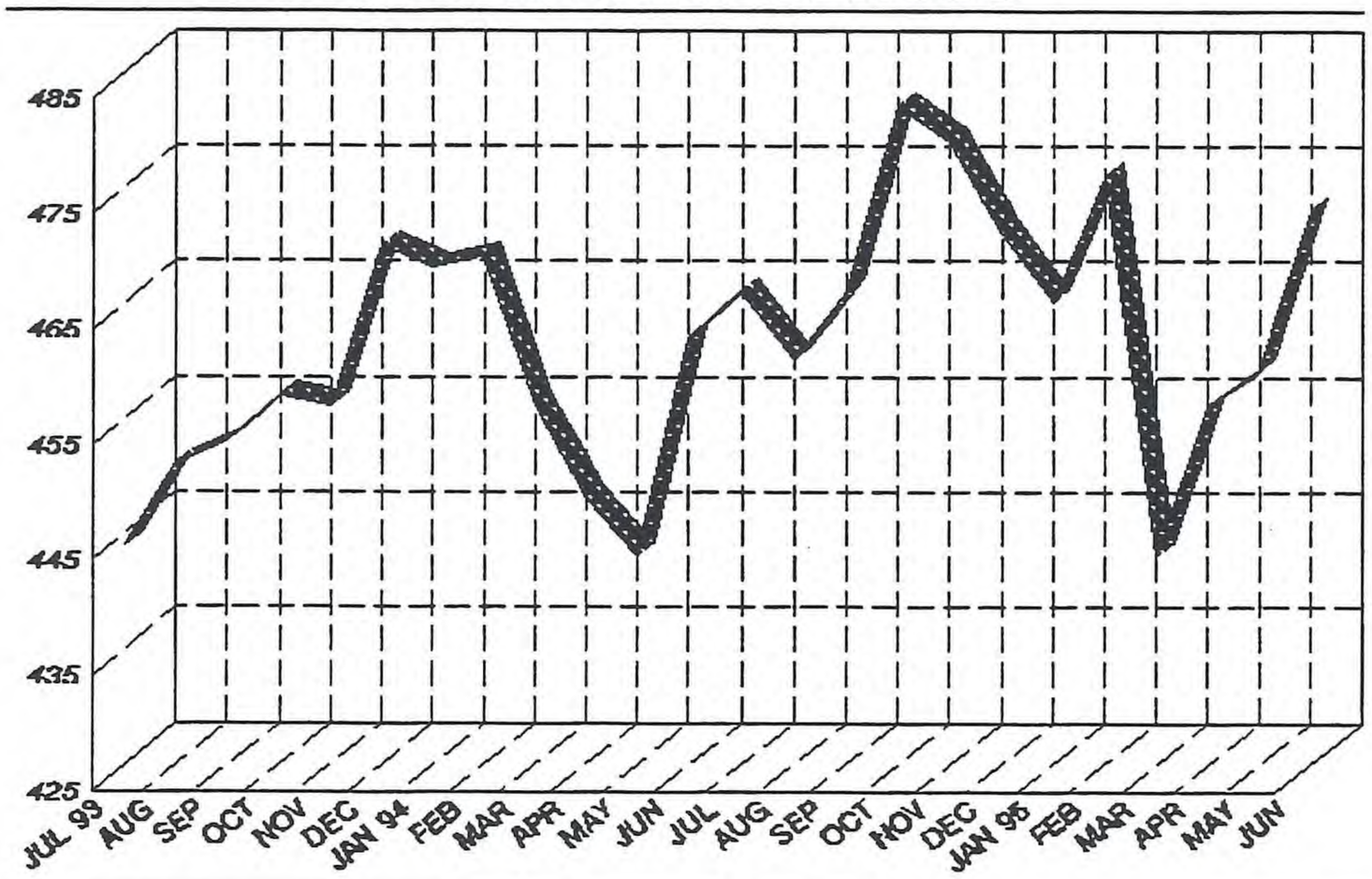
Major treatment modalities include individual, group and family therapy, academic programs, occupational, recreational, and speech/language/hearing therapy, and psychotropic medication, as appropriate. Aftercare planning for the patient and family is an essential component of treatment. Active liaison between staff and community service providers also occurs to assist families and outpatient service providers in placements and treatment referrals.

The Adolescent Treatment Unit provides a safe, secure environment for the patients. Patients are given off-unit privileges based on their behavioral functioning level and their ability to accept personal responsibility.

PATIENT DEMOGRAPHICS and STATISTICAL SUMMATION

The Arizona State Hospital began this fiscal year on July 1, 1994, with a patient census of 462. Throughout the fiscal year, the hospital admitted 765 patients, discharged 754 patients, and ended the fiscal year June 30, 1995, with a census of 473, a net increase of 11 patients. The average daily census for the fiscal year was 467, an increase of 11 compared to the previous fiscal year. The hospital served 1,075 individual patients (unduplicated count). These patients accounted for a total of 170,495 patient days, an increase of 4,159 days compared to the previous fiscal year. The patient end of month census covering July, 1993, through June, 1995, is depicted in Exhibit #1.

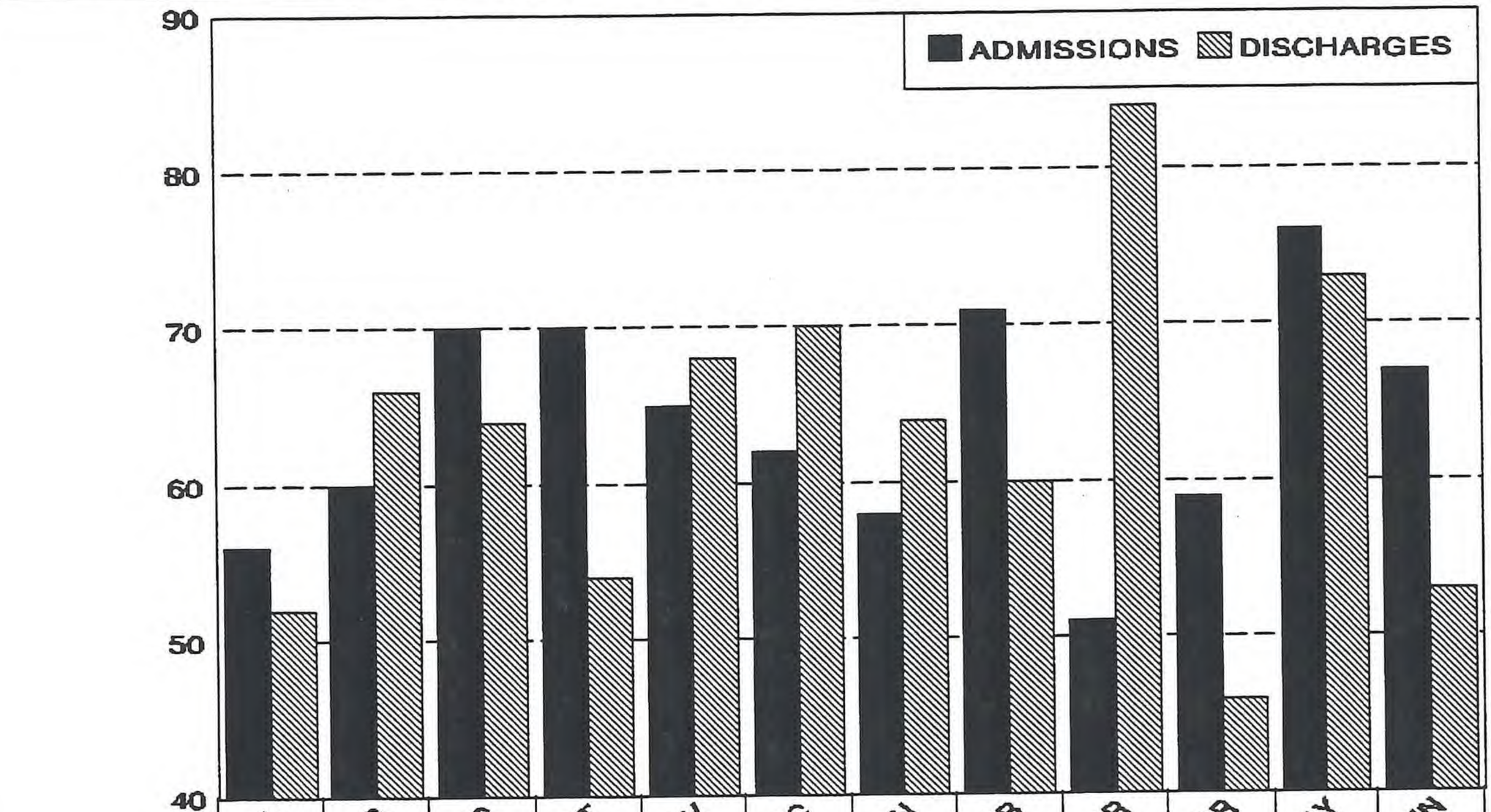
EXHIBIT #1
END OF MONTH CENSUS



FY 1993-94		FY 1994-95	
JUL-93	444	JUL-94	466
AUG	451	AUG	460
SEP	453	SEP	466
OCT	457	OCT	482
NOV	456	NOV	479
DEC	470	DEC	471
JAN-94	468	JAN-95	465
FEB	469	FEB	476
MAR	456	MAR	443
APR	448	APR	456
MAY	453	MAY	459
JUN	462	JUN	473

A comparison of admissions and discharges by month for FY 1994-95 is provided in Exhibit #2.

EXHIBIT #2
MONTHLY ADMISSIONS AND DISCHARGES



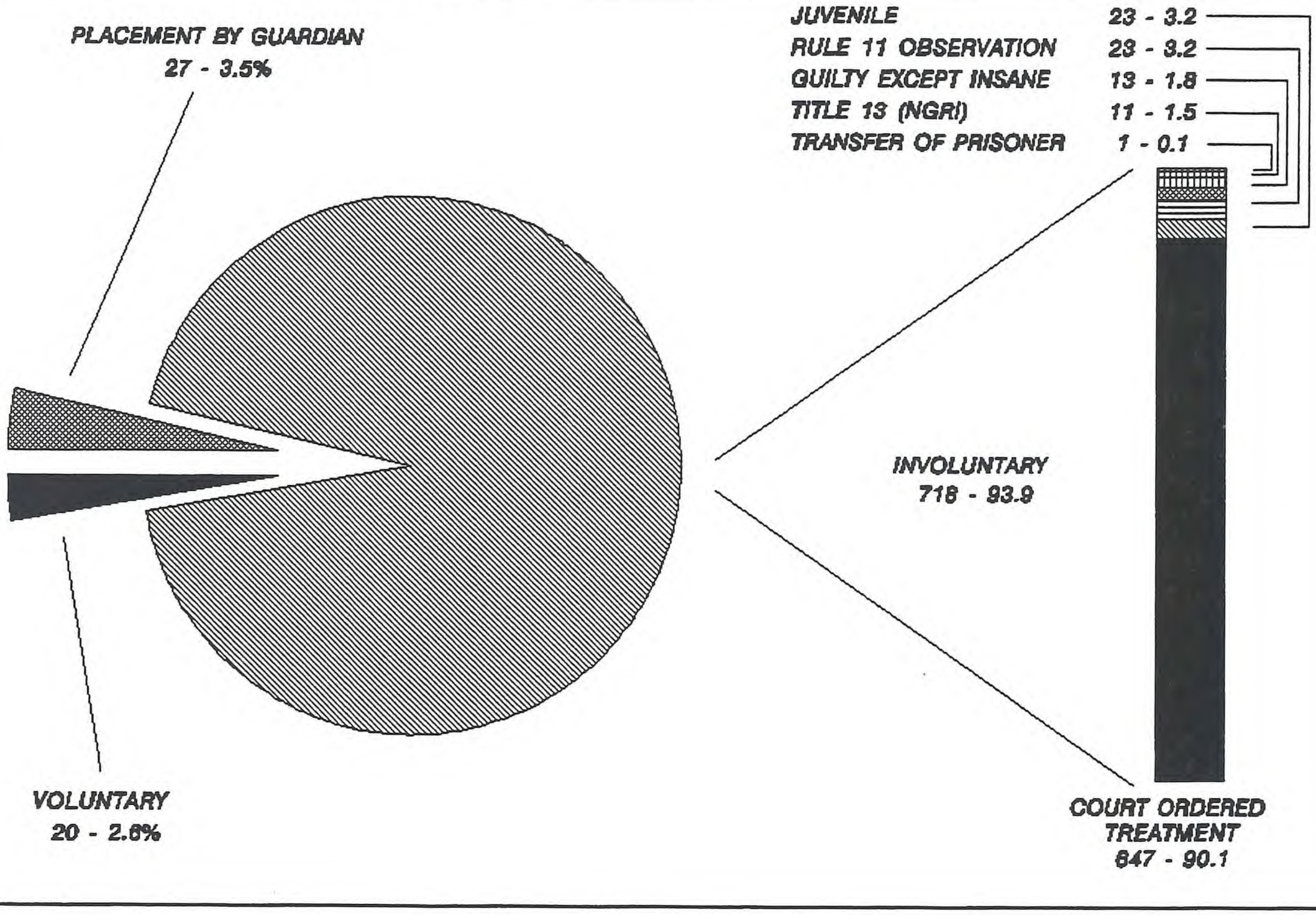
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
ADMISSIONS	56	60	70	70	65	62	58	71	51	59	76	67
DISCHARGES	52	66	64	54	68	70	64	60	84	46	73	53

Admission Statistics:

The hospital admitted 765 patients this fiscal year. The average monthly admission rate was 63.8, ranging from a high of 71 in February, 1995, to a low of 51 in March, 1995 [Exhibit #2].

Of the total admissions, involuntary admissions accounted for 718; admission by guardian accounted for 27; and voluntary admissions accounted for 20. Of the 718 admitted involuntarily, 647 were admitted by court ordered treatment; 23 were admitted through juvenile commitment; 23 were admitted under Rule 11 Observation; 13 were admitted under Title 13, Guilty but Insane; 11 were admitted under Title 13, Not Guilty by Reason of Insanity; and 1 was admitted under Transfer of Prisoner [Exhibit #3].

EXHIBIT #3
LEGAL STATUS AT ADMISSION



Maricopa County continued the historic trend of having the highest number of admissions by county with 571, but decreased admissions by 18 compared to the previous fiscal year. Other counties with noted changes in admissions are as follows: Pima County accounted for 84 of the admissions, an increase of 12 compared to the previous fiscal year; Pinal County accounted for 24, an increase of 4 compared to the previous fiscal year; and Yavapai County accounted for 22, an increase of 7 compared to the previous fiscal year. It is important to note that not all patients admitted through a county are actually a resident of the admitting county but may be, in fact, a resident of a neighboring county, e.g. Pima County had 11 admissions each of individuals who were residents of other counties [Exhibit #4].

EXHIBIT #4
ADMISSIONS BY COUNTY

County of Admission	Number	Percentage
Apache	1	0.1%
Cochise	12	1.6%
Coconino	3	0.4%
Gila	13	1.7%
Graham	11	1.4%
Greenlee	1	0.1%
LaPaz	0	0.0%
Maricopa	571	74.6%
Mohave	4	0.5%
Navajo	5	0.7%
Pima	84	11.0%
Pinal	24	3.1%
Santa Cruz	4	0.5%
Yavapai	22	2.9%
Yuma	9	1.2%
Out-of-State/Unknown	1	0.1%
Total	765	100.0%

Number of admissions through a county in which the individual was not a resident:

Apache	0	Greenlee	0	Pima	11
Cochise	1	LaPaz	0	Pinal	4
Coconino	0	Maricopa	4	Santa Cruz	1
Gila	3	Mohave	1	Yavapai	1
Graham	2	Navajo	0	Yuma	0

The hospital's recidivism rate for FY 95 remained the same as the previous fiscal year at 20.7%.[1] Recidivism is defined as the readmission of a patient who was discharged from the hospital within 180 days prior to readmission. This rate has remained fairly constant throughout recent fiscal years, ranging from 19% to 21%.

Individuals admitted to the hospital for the first time accounted for 367 (48%) of all admissions. Readmissions accounted for 280 (37%), readmission from combined inpatient/outpatient treatment accounted for 90 (12%), readmissions from conditional discharge accounted for 18 (2%) and Return from AWOL Status accounted for 10 (1%). The "admission type" data remained relatively constant compared to the previous fiscal year.

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[1]The recidivism rates presented are determined by dividing all of the fiscal year readmissions with lengths of stay out of the hospital less than 180 days by the total admissions for the fiscal year.

The number and percent of admissions by diagnostic grouping (patient diagnosis at the time of admission) indicates the category of schizophrenic disorders accounted for 339 (44%) of all admissions and affective disorders accounted for 267 (35%). These two diagnostic categories accounted for approximately 80% of all admissions during FY 1994-95.

Discharge Statistics:

The hospital discharged 754 patients during this fiscal year. The average monthly discharge rate was 62.8, ranging from a high of 84 in March, 1995, to a low of 46 in April, 1995 [Exhibit #2]. Patients discharged with hospital lengths of stay from 1-30 days accounted for 48 (6.4%) of the discharges. Patients with lengths of stay from 31-180 days accounted for 523 (69.3%) of the discharges, those with lengths of stay from 181-365 days accounted for 112 (14.9%), those with lengths of stay from 1 - 5 years accounted for 68 (9.0%), and those with lengths of stay greater than 5 years accounted for 3 (0.4%). Exhibit #5 provides detailed data for length of stay for patient discharge during FY 95.

EXHIBIT #5

LENGTH OF STAY FOR DISCHARGE

LENGTH OF STAY	NUMBER	PERCENTAGE
Less than 7 days	2	0.3%
7 - 13 days	4	0.5%
14 - 20 days	12	1.6%
21 - 30 days	30	4.0%
31 - 60 days	142	18.8%
61 - 90 days	157	20.8%
91 - 180 days	224	29.7%
181 - 365 days	112	14.9%
1 - 2 years	52	6.9%
2 - 3 years	10	1.3%
3 - 4 years	5	0.7%
4 - 5 years	1	0.1%
5 - 6 years	1	0.1%
6 - 7 years	0	0.0%
7 - 8 years	0	0.0%
8 - 9 years	1	0.1%
9 - 10 years	0	0.0%
10+ years	1	0.1%
TOTAL	754	100.0%

Patients with lengths of stay under 365 days accounted for the vast majority of the discharges (683 or 91%). This data reflects the changing patient population of the hospital wherein the patient is admitted to the hospital for intensive treatment and a shorter duration rather than for extended treatment and a lengthy hospitalization period.

The mean length of stay for patients discharged with a hospitalization less than one year was 112 days. This mean has remained relatively constant compared to the previous fiscal years. The mean length of stay for patients discharged with a hospitalization greater than one year but less than three years was 541 days; the mean length of stay for patients discharged with a hospitalization more than three years but less than six years was 1416 days; the mean length of stay for patients discharged with a hospitalization more than six years but less than ten years was 3166 days; and the mean length of stay for patients discharged with a hospitalization greater than ten years was 4707 days, approximately thirteen years. [Exhibit #6].

The total mean length of stay for Fiscal Year 95 was 170 days, a decrease of 179 days compared to Fiscal Year 94. This significant decrease in the total mean length of stay is attributable to the hospital discharging twenty-six (26) patients during Fiscal Year 94 with lengths of stay greater than five (5) years.

EXHIBIT #6
MEAN DISCHARGE LENGTH OF STAY

Length of Stay	Mean
Less than 1 year	112 days
More than 1 year but less than 3 years	541 days
More than 3 years but less than 6 years	1416 days
More than 6 years but less than 10 years	3166 days
More than 10 years	4707 days
Total Average Length of Stay	170 days

Note: The mean discharge length of stay is the average number of days of hospitalization per patient during that time period.

The relatively stable mean discharge length of stay for admissions less than one year (114 in FY 93; 115 in FY 94; and 112 in FY 95) is indicative of the hospital's continued partnership with the Regional Behavioral Health Authorities to provide active treatment and discharge efforts for individuals who are able to receive continued services in a less restrictive, therapeutic environment in the community.

Patients discharged to the outpatient portion of a combined inpatient/outpatient commitment accounted for 350 (47.7%) of the total discharges; those discharged from voluntary status accounted for 153 (20.3%); those discharged under Title 36 (placement by guardian) accounted for 40 (5.3%); and those discharged at the expiration of a commitment order with a new petition not being filed accounted for 33 (4.4%).

MAJOR ACCOMPLISHMENTS / GOALS AND OBJECTIVES

The hospital, in its continuing efforts to work in partnership with community-based mental health providers, continued striving towards established, ongoing milestones. The hospital demonstrated success in attaining these milestones by:

- Providing contemporary psychiatric hospitalization and treatment for any person presently living in the State of Arizona who meets the hospital's admission criteria;

- Complying with the requirements of "The Blueprint: Implementing Services to the Seriously Mentally Ill;" and

- Maintaining certification and participation with various external surveying agencies [i.e. the Medicare Program through the Health Care Financing Administration (HCFA) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)].

Additionally, the hospital's clinical and administrative teams continued to address long-term goals which would have a significant impact on the overall operation of the hospital, but would require implementation over an extended period of time. The efforts to attain these goals, although modified somewhat from the previous fiscal year, will continue to have a significant impact on the future of the hospital. The following long-term goals were addressed and will continue to be of significant importance in future years.

- <u>"Right-sizing" the program populations and total census</u>

  In FY 92, the concept of "right-sizing" the hospital census was developed as a result of strategic planning by management teams of the hospital and Behavioral Health Services.

These planning efforts resulted in the identification of special hospital services not provided through community behavioral health settings and the number of patient beds that would be required to provide those services. It was determined the hospital should provide care for patients requiring forensic/behavior management services (150 beds), specialized services for youth (30 beds), and general adult services (150 beds). This would result in a total hospital census of 330.

During FY 93 the hospital implemented the "right-sizing" concept and was able to reduce the hospital's average daily census to 522 for FY 93, a decrease of 27 compared to the previous fiscal year. These efforts continued for FY 94 resulting in an average daily census of 456, a decrease of 66 compared to FY 93.

The efforts to decrease the total hospital census continued during FY 95 but were less successful when compared to the previous fiscal year. A current re-evaluation of "right-sizing" concept for the hospital census indicates an increasing Behavior Management Program census, a decreasing General Adult Program census, and a stabilization of the Youth Services Program census. The projected census of the hospital for the end of FY 96 is 450 (150 Behavior Management, 270 General Adult, and 30 Youth Services). The projected census for the end of FY 97 is estimated at 400, with the General Adult Program accounting for 220 rather than 270 during FY 96.

- **New Program Development and Program Re-organization**

The "right-sizing" of program populations (e.g. an increasing forensic/behavior management population and a decreasing general adult population) will necessitate the hospital develop new programs and possibly undergo a re-organization of treatment programs and treatment units. Additionally, the hospital will need to increase specialized training and education for non-Medical Staff personnel, improve programs and integration with community mental health service providers to decrease the patient length of stay, and continually analyze the appropriate use of treatment resources.

- **Automation Development**

In order to meet the informational needs of the Medical Staff, clinical personnel, and various external surveying agencies, the hospital will need to develop a fully functional automation system to provide data for both improvement of clinical patient care and for cost effective and efficient decision-making. The new automation system will need to also consider the automation reporting requirements of the Health Care Financing Administration (Medicare) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

- **Hospital Renovation**

  During FY 96 the hospital anticipates implementing the legislative recommendations related to new construction and/or building renewal. This will include completion of a feasibility study for hospital re-construction at a site on the current hospital grounds and well as continued building renewal projects. Additionally, the hospital will need to identify and develop a maximum security patient facility to accommodate the Sexual Predator Program in order to meet statutory requirements.

- **Quality and Excellence**

  During FY 93 the hospital implemented the concepts of Total Quality Management (TQM) on a hospital wide basis. This implementation included comprehensive training seminars for management personnel, the appointment of a committee to provide oversight and direction, specialized training for TQM coaches, and the establishment of multiple TQM teams to address selected issues to improve services provided the patients.

  During FY 94 and FY 95 the hospital continued to expand to concepts of Total Quality Management, empowering the hospital staff to recommend and initiate important changes in systems, procedures, the environment, and patient care to continuously seek improvement in the services provided.

  Both the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Health Care Financing Administration (Medicare) establish the benchmarks against which the hospital is measured to ensure acceptable standards of patient care are provided. The expansion of Total Quality Management (TQM) concepts will assist the hospital in continuously meeting the acceptable standards established by these two surveying organizations.

FUTURE OUTLOOK FOR THE HOSPITAL

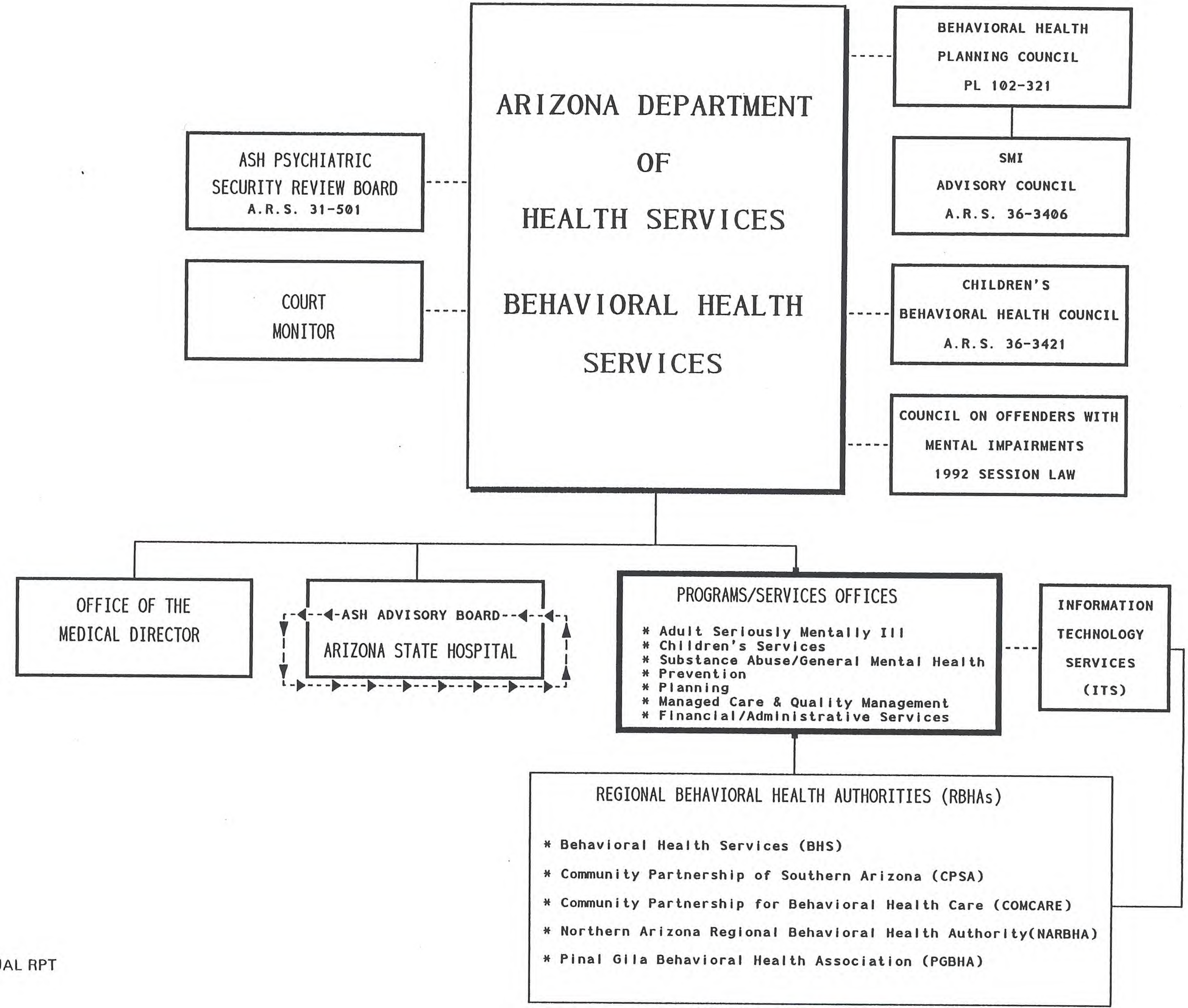
The Arizona State Hospital continues to be a dynamic service, ever-changing to meet the needs of seriously mentally ill individuals who require inpatient treatment and services.

Throughout Fiscal Year 96, the hospital will continue its efforts to attain each goal and to address the special issues impacting the future outlook of the hospital. The hospital is firmly committed to the "ASH Vision Statement" and the "ASH Mission Statement." Each will provide direction and a reaffirmed commitment for all hospital staff throughout Fiscal Year 96.

With continued support from Behavioral Health Services, the Arizona Department of Health Services, the mental health advocacy groups, the hospital's Advisory Board, the Governor's Office, the State Legislature, and the citizens, the Arizona State Hospital will restore and enhance the quality of life and health of persons with serious mental illness, resolve the special issues, and meet the needs of the mentally ill patients of the State of Arizona.

APPENDIX A

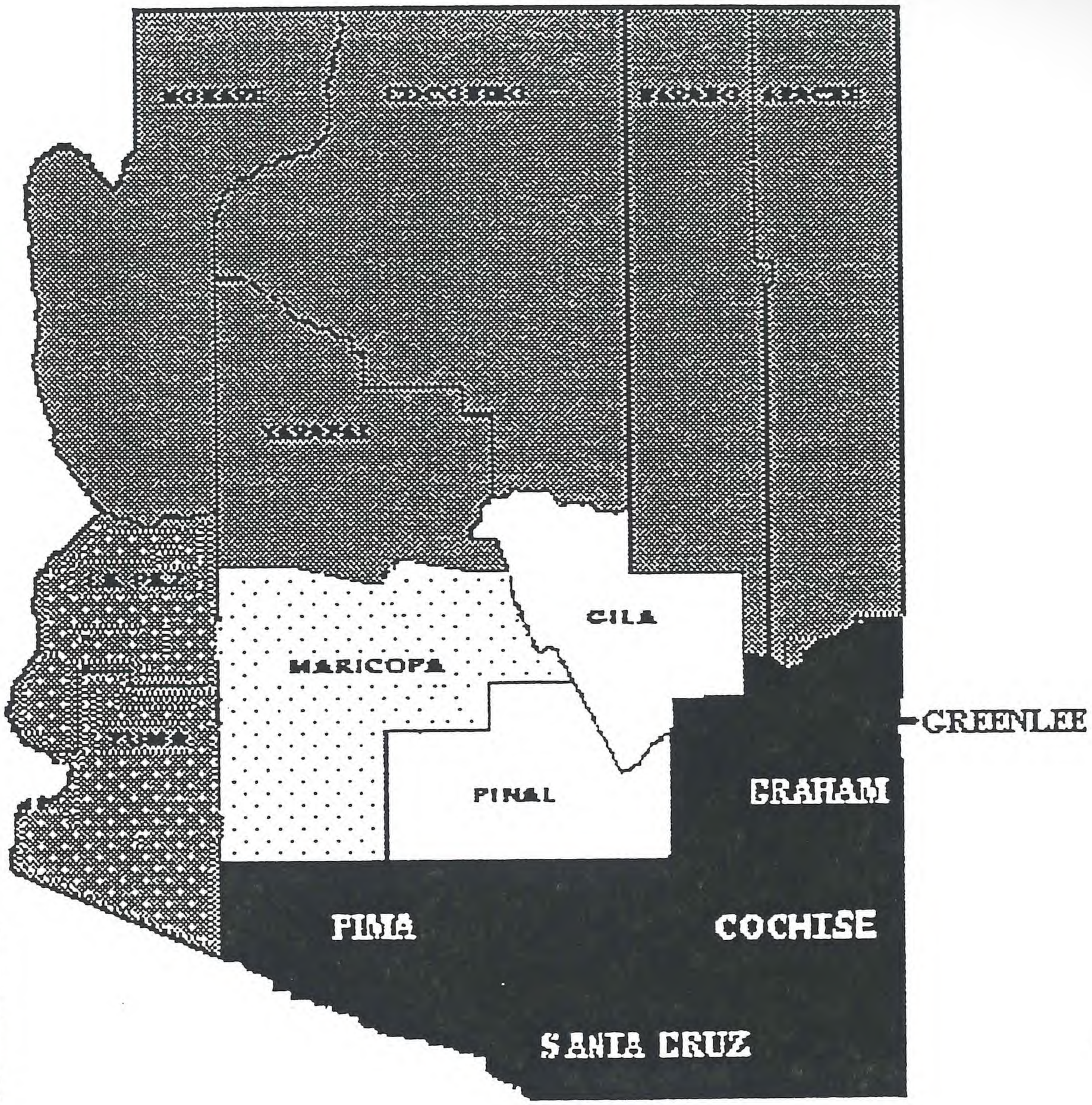
ORGANIZATIONAL STRUCTURE



APPENDIX B

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

REGIONAL BEHAVIORAL HEALTH AUTHORITY (RBHA)
GEOGRAPHIC SERVICE AREAS



RBHA KEY
CPSA
BHS-YUMA
COMCARE
NARBHA
PGBHA

APPENDIX C

1560

ADHS/BHS CLIENT INFORMATION SYSTEM
CLIENT SERVED REPORT
For 7/1/94 Through 6/30/95 as of 7/1/95

BY RBHA

	CHILDREN			SMI			NON -SMI					
	T19	Non T19	Children Subtotal*	T19	Non T19	SMI Subtotal*	General Mental Health	Alcohol Abuse	Drug Abuse	Other Programs	Non-SMI Subtotal*	Unduplicated RBHA Total
ACCM	4320	955	5275	1937	2060	3997	4937	3865	1866	433	11101	19502
PGBHA	1375	664	2039	437	389	826	1193	865	395	62	2515	5332
SEABHS	790	439	1229	498	483	981	545	513	178	63	1299	3443
NARBHA	1864	1132	2996	776	976	1752	2692	1703	980	9	5384	9726
COMCARE	9694	1238	10932	6237	6830	13067	18709	14772	10039	4990	48510	70490
YUMA	458	265	723	276	462	738	495	519	305	58	1377	2781
TOTAL	18501	4693	23194	10161	11200	21361	28571	22237	13763	5615	70186	111274

STATEWIDE

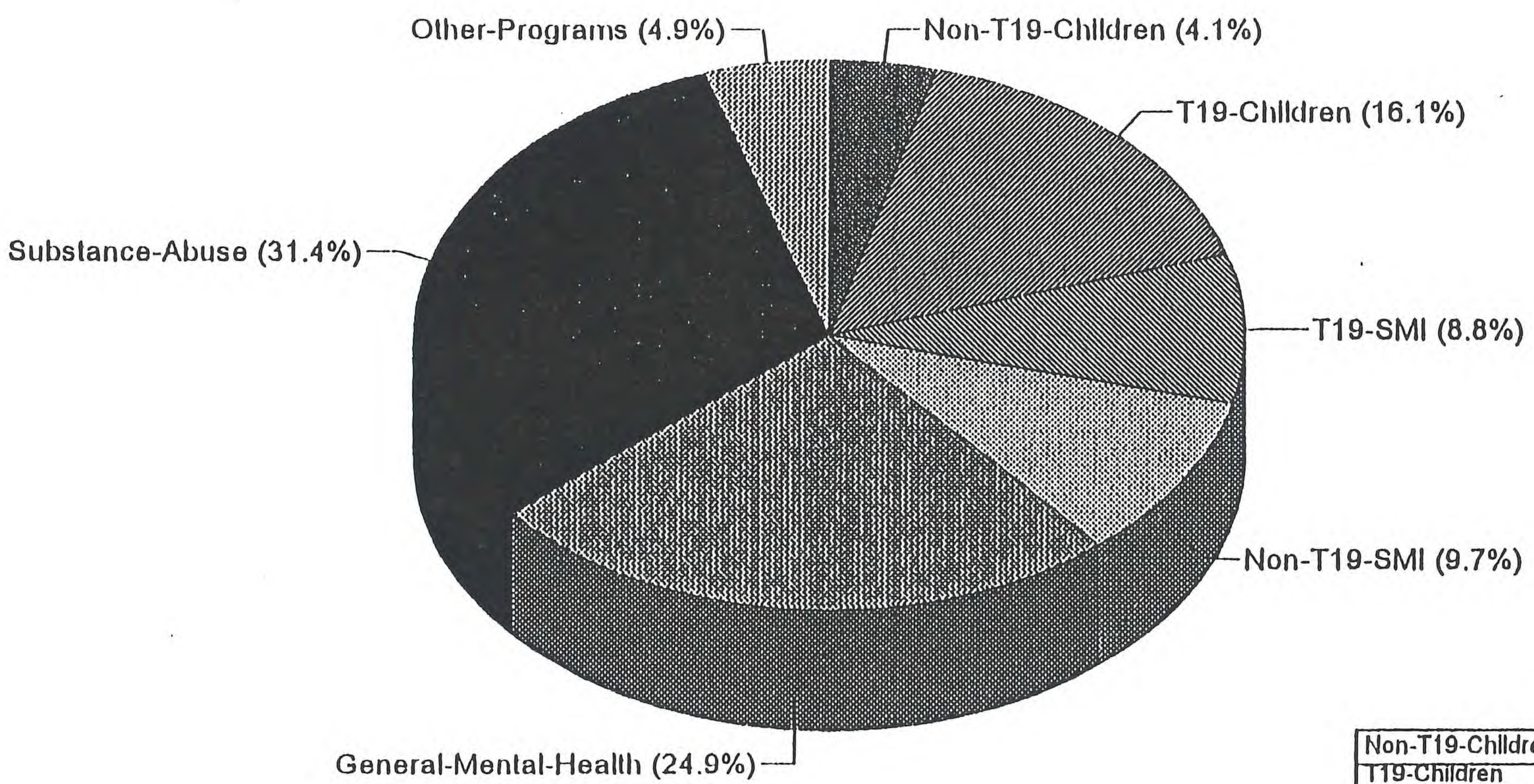
	CHILDREN			SMI			NON -SMI					
	T19	Non T19	Children Subtotal*	T19	Non T19	SMI Subtotal*	General Mental Health	Alcohol Abuse	Drug Abuse	Other Programs	Non-SMI Subtotal*	Unduplicated RBHA Total
STATEWIDE**	18404	4691	23095	10079	11121	21200	28483	22139	13696	5615	69933	110531

* The subtotal columns may contain duplicated counts due to clients changing programs during the reporting period.

** The STATEWIDE statistics represent unduplicated counts at the statewide level, and may not equate to the summing of the RBHA statistics. Summing across RBHAs can cause duplicated counts due to clients transferring RBHAs.

ADHS/BHS Client Information System
Clients Served by Program Statewide

For 7/1/94 Through 6/30/95 as of 7/1/95



Non-T19-Children	4,691
T19-Children	18,404
T19-SMI	10,079
Non-T19-SMI	11,121
General-Mental-Health	28,483
Substance-Abuse	35,835
Other-Programs	5,615
Statewide:	110,531

Date : 7/5/95

"Other Programs" Includes Prevention/Early Intervention, Domestic Violence and Non-Registered Clients.

Program statistics may not be summed across programs, as clients may have been served by more than one Program.

APPENDIX D

DRUG AND ALCOHOL ABUSE

	BALANCE CARRIED FORWARD FROM FY 93/94	FY 94/95 REVENUES	TRANSFER IN	TRANSFER OUT	FY 94/95 EXPENDITURES	REVERTED TO FY 94/95 (2)	BALANCE CARRIED FORWARD TO FY 95/96
NON-GENERAL FUND RECEIPTS		$1,145.4	$0		$1,145.4	$0.0	$0.0
FEDERAL FUNDS		$15,777.4	$0.0	$0.0	$15,777.4	$0.0	$0.0
NON-REVERTING FUNDS							
GENERAL APPROP.		$156.2	$0.0	$0.0	$141.3	$0.0	$14.9
SPECIAL LINE ITEM FUNDS (NON-REVERTING)							
SPECIAL LINE ITEM FUNDS	$0.0	$10,415.2	$0.0	$0.0	$10,415.2	$0.0	$0.0
	$0.0	$27,494.2	$0.0	$0.0	$27,479.3	$0.0	$14.9

BHS ADMINISTRATIVE COSTS	NON-GENERAL FUND RECEIPTS	FEDERAL FUNDS	GENERAL APPROP	SPECIAL LINE ITEM FUNDS
PER SVCS	$0.0	$126.4	$105.4	$0.0
ERE	$0.0	$26.3	$27.1	$0.0
PROF & OUTSIDE	$0.0	$15.3	$0.4	$0.0
TRAVEL IN-STATE	$0.0	$1.9	$3.2	$0.0
TRAVEL OUT-STATE	$0.0	$0.0	$0.0	$0.0
OTHER OPERATING	$0.0	$28.0	$5.2	$0.0
EQUIPMENT	$0.0	$0.7	$0.0	$0.0
INDIRECT	$0.0	$15.2	$0.0	$0.0
	$0.0	$213.8	$141.3	$0.0

NOTES (1) DOLLARS EXPRESSED IN THOUSANDS, ROUNDED TO THE NEAREST $100
(2) REVERTED STATE FUNDS ARE AVAILABLE FOR FY 94/95 ADMINISTRATIVE ADJUSTMENT PAYMENTS.
(3) PREVENTION SERVICES ARE INCLUDED

DOMESTIC VIOLENCE

	BALANCE CARRIED FORWARD FROM FY 93/94	FY 94/95 REVENUES	TRANSFER IN	TRANSFER OUT	FY 94/95 EXPENDITURES	REVERTED TO FY 94/95 (2)	BALANCE CARRIED FORWARD TO FY 95/96
NON-GENERAL FUND RECEIPTS							
FEDERAL FUNDS	$0.0	$356.6	$0.0	$0.0	$356.6	$0.0	$0.0
NON-REVERTING FUNDS							
GENERAL APPROP.							
SPECIAL LINE ITEM FUNDS (NON-REVERTING)							
SPECIAL LINE ITEM FUNDS							
	$0.0	$356.6	$0.0	$0.0	$356.6	$0.0	$0.0

BHS ADMINISTRATIVE COSTS	NON-GENERAL FUND RECEIPTS	FEDERAL FUNDS	GENERAL APPROP
PER SVCS	$0.0	$0.0	$0.0
ERE	$0.0	$0.0	$0.0
PROF & OUTSIDE	$0.0	$0.5	$0.0
TRAVEL IN-STATE	$0.0	$0.2	$0.0
TRAVEL OUT-STATE	$0.0	$0.8	$0.0
OTHER OPERATING	$0.0	$2.5	$0.0
EQUIPMENT	$0.0	$0.0	$0.0
	$0.0	$4.0	$0.0

NOTES: (1) DOLLARS EXPRESSED IN THOUSANDS, ROUNDED TO THE NEAREST $100

SERIOUSLY MENTALLY ILL

	BALANCE CARRIED FORWARD FROM FY 93/94	FY 94/95 REVENUES	TRANSFER IN	TRANSFER OUT	FY 94/95 EXPENDITURES	REVERTED TO FY 94/95 (2)	BALANCE CARRIED FORWARD TO FY 95/96
NON-GENERAL FUND RECEIPTS	$0.0	$16,013.8	$0.0	$0.0	$16,013.8	$0.0	$0.0
FEDERAL FUNDS	$0.0	$1,825.8	$0.0	$0.0	$1,825.8	$0.0	$0.0
TXIX FEDERAL PASS THROUGH	$0.0	$18,419.4	$0.0	$0.0	$18,419.4	$0.0	$0.0
GENERAL APPROP.	$0.0	$331.3	$0.0	$0.0	$331.3	$0.0	$0.0
SPECIAL LINE ITEM FUNDS (NON-REVERTING)	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
SPECIAL LINE ITEM FUNDS	$0.0	$64,557.4	$0.0	$0.0	$64,557.4	$0.0	$0.0
	$0.0	$101,147.7	$0.0	$0.0	$101,147.7	$0.0	$0.0

BHS ADMINISTRATIVE COSTS	NON-GENERAL FUND RECEIPTS	FEDERAL FUNDS	FEDERAL PASS THROUGH	GENERAL APPROP	SPECIAL LINE ITEM FUNDS (NON-REVERT)	SPECIAL LINE ITEM FUNDS
PER SVCS	$0.0	$23.0	$111.2	$223.4	$0.0	$0.0
ERE	$0.0	$5.3	$24.1	$47.3	$0.0	$0.0
PROF & OUTSIDE	$0.0	$164.7	$41.4	$26.4	$0.0	$153.3
TRAVEL IN-STATE	$0.0	$3.6	$3.5	$13.2	$0.0	$0.0
TRAVEL OUT-STATE	$0.0	$3.2	$0.0	$0.2	$0.0	$0.0
OTHER OPERATING	$0.0	$6.2	$2.3	$20.8	$0.0	$0.0
EQUIPMENT	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
INDIRECT	$0.0	$3.1	$0.0	$0.0	$0.0	$0.0
	$0.0	$209.1	$182.5	$331.3	$0.0	$153.3

NOTES: (1) DOLLARS EXPRESSED IN THOUSANDS, ROUNDED TO THE NEAREST $100
(2) REVERTED STATE FUNDS ARE AVAILABLE FOR FY 94/95 ADMINISTRATIVE ADJUSTMENT PAYMENTS.

CHILDREN

	BALANCE CARRIED FORWARD FROM FY 93/94	FY 94/95 REVENUES	TRANSFER IN	TRANSFER OUT	FY 94/95 EXPENDITURES	REVERTED TO FY 94/95 (2)	BALANCE CARRIED FORWARD TO FY 95/96
NON-GENERAL FUND RECEIPTS	$0.0	$62.5	$0.0	$0.0	$62.5	$0.0	$0.0
FEDERAL FUNDS	$0.0	$6,438.5	$0.0	$0.0	$6,438.5	$0.0	$0.0
TXIX FEDERAL PASS THROUGH	$0.0	$32,141.7	$0.0	$0.0	$32,141.7	$0.0	$0.0
GENERAL APPROP.	$0.0	$223.3	$0.0	$0.0	$223.3	$0.0	$0.0
SPECIAL LINE ITEM FUNDS (NON-REVERTING)	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
SPECIAL LINE ITEM FUNDS	$0.0	$35,873.4	$0.0	$0.0	$35,873.4	$0.0	$0.0
	$0.0	$74,739.4	$0.0	$0.0	$74,739.4	$0.0	$0.0

BHS ADMINISTRATIVE COSTS	NON-GENERAL FUND RECEIPTS	FEDERAL FUNDS	FEDERAL PASS THROUGH	GENERAL APPROP	SPECIAL LINE ITEM FUNDS (NON-REVERT)	SPECIAL LINE ITEM FUNDS
PER SVCS	$0.0	$50.2	$116.3	$147.8	$0.0	$0.0
ERE	$0.0	$12.5	$29.1	$33.9	$0.0	$0.0
PROF & OUTSIDE	$0.0	$5.2	$0.0	$22.4	$0.0	$0.0
TRAVEL IN-STATE	$0.0	$2.2	$2.5	$10.8	$0.0	$0.0
TRAVEL OUT-STATE	$0.0	$2.6	$0.6	$2.5	$0.0	$0.0
OTHER OPERATING	$0.0	$6.3	$1.7	$5.9	$0.0	$0.0
EQUIPMENT	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
INDIRECT	$0.0	$4.2				
	$0.0	$83.2	$150.2	$223.3	$0.0	$0.0

NOTES: (1) DOLLARS EXPRESSED IN THOUSANDS, ROUNDED TO THE NEAREST $100
(2) REVERTED STATE FUNDS ARE AVAILABLE FOR FY 94/95 ADMINISTRATIVE ADJUSTMENT PAYMENTS.
(3) PREVENTION SERVICES ARE INCLUDED

MENTAL HEALTH

	BALANCE CARRIED FORWARD FROM FY 93/94	FY 94/95 REVENUES	TRANSFER IN	TRANSFER OUT	FY 94/95 EXPENDITURES	REVERTED TO FY 94/95 (2)	BALANCE CARRIED FORWARD TO FY 95/96
NON-GENERAL FUND RECEIPTS	$0.0	$5,532.7	$0.0	$0.0	$5,532.7	$0.0	$0.0
FEDERAL FUNDS							
NON-REVERTING FUNDS							
GENERAL APPROP.							
SPECIAL LINE ITEM FUNDS (NON-REVERTING)							
SPECIAL LINE ITEM FUNDS	$0.0	$7,481.6	$0.0	$0.0	$7,481.6	$0.0	$0.0
	$0.0	$13,014.3	$0.0	$0.0	$13,014.3	$0.0	$0.0

BHS ADMINISTRATIVE COSTS	NON-GENERAL FUND RECEIPTS	SPECIAL LINE ITEM FUNDS
PER SVCS	$0.0	$0.0
ERE	$0.0	$0.0
PROF & OUTSIDE	$0.0	$0.0
TRAVEL IN-STATE	$0.0	$0.0
TRAVEL OUT-STATE	$0.0	$0.0
OTHER OPERATING	$0.0	$0.0
EQUIPMENT	$0.0	$0.0
	$0.0	$0.0

NOTES: (1) DOLLARS EXPRESSED IN THOUSANDS, ROUNDED TO THE NEAREST $100
(2) REVERTED STATE FUNDS ARE AVAILABLE FOR FY 94/95 ADMINISTRATIVE ADJUSTMENT PAYMENTS.
(3) BHS ADMINISTRATIVE COSTS FOR MENTAL HEALTH SERVICES ARE INCLUDED IN DRUG AND ALCOHOL.

SOUTHERN ARIZONA MENTAL HEALTH CENTER

	BALANCE CARRIED FORWARD FROM FY 93/94	FY 94/95 REVENUES	TRANSFER IN	TRANSFER OUT	FY 94/95 EXPENDITURES	REVERTED TO FY 94/95 (2)	BALANCE CARRIED FORWARD TO FY 95/96
NON-GENERAL FUND RECEIPTS	$0.0	$1,568.1	$0.0	$0.0	$1,568.1	$0.0	$0.0
FEDERAL FUNDS							
NON-REVERTING FUNDS							
GENERAL APPROP.	$0.0	$3,781.3	$0.0	$0.0	$3,694.3	$87.0	$0.0
SPECIAL LINE ITEM FUNDS (NON-REVERTING)							
SPECIAL LINE ITEM FUNDS							
	$0.0	$5,349.4	$0.0	$0.0	$5,262.4	$87.0	$0.0

BHS ADMINISTRATIVE COSTS (3)	NON-GENERAL FUND RECEIPTS	GENERAL APPROP
PER SVCS	$7.3	$554.4
ERE	$2.4	$119.0
PROF & OUTSIDE	$0.6	$0.2
TRAVEL IN-STATE	$0.0	$4.8
TRAVEL OUT-STATE	$0.0	$0.0
FOOD	$0.0	$0.0
OTHER OPERATING	$4.8	$205.5
EQUIPMENT	$0.0	$39.0
	$15.1	$922.9

NOTES: (1) DOLLARS EXPRESSED IN THOUSANDS, ROUNDED TO THE NEAREST $100
(2) REVERTED STATE FUNDS ARE AVAILABLE FOR FY 94/95 ADMINISTRATIVE ADJUSTMENT PAYMENTS.
(3) ADMINISTRATIVE COSTS ARE EXPENDITURES FOR THE OFFICE OF THE EXECUTIVE DIRECTOR.

ARIZONA STATE HOSPITAL
FINANCIAL SUMMARY
FISCAL YEAR 1994 - 1995

Funding Sources (General Operations Based on Budget Allocations):	
Personnel Services and Related Benefits - General Fund	$10,657,300
All Other Operating - General Fund	6,210,100
Disproportionate Funds	11,993,900
Non-Title 36 Revenue	250,000
Rental Income	622,171
Endowment Earnings	186,200
Patient Benefit Fund	71,000
Title XIX Revenue	1,500,000
Donations	27,100
Grants	24,305
Total Funding	$31,542,076
Expenditures:	
Personnel Services and Related Benefits	$22,945,006
Professional and Outside Services*	2,832,054
Travel (In-State)	28,342
Travel (Out-of-State)	2,758
Food	718,085
Other Operating	3,161,844
Capital Equipment	64,175
Assistance to Others	764
Total Cost of Operations	$29,753,028
Collections (Deposited to the General Fund):	
Medicare	$ 1,649,834
Family, Guardian, or Patient	411,660
Insurance	35,797
Counties - Rule 11	214,780
Social Security, V.A., or Railroad Retirement	232,679
Total Collections	$ 2,544,750

* Contract Physicians, Outside Hospitalization Costs, and Outside Medical Services

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Daily Costs by Treatment Program:**	
General Adult Program	$215
Behavior Management Program	242
Psychosocial Rehabilitation Program	178
Extended Care Program	174
Geropsychiatry Program	192
Youth Services Program - Adolescent Treatment	417
Childrens' Treatment	646
Average	$212

** Rates became effective 09/01/93.

NOTICE

The ARIZONA DEPARTMENT OF HEALTH SERVICES does not discriminate on the basis of disability in the administration of its programs and services, as prescribed by Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

If you need this publication in alternate format please contact us with your needs at 1-800-842-4681 (State Voice Relay) or 1-800-367-8939 (State TDD/TTY Relay).

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